ne conrect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

Date signed

CERTIFICATE OF DEATH

	Keg. Dist. 140		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).		
County. Markington	State Maryland County Unalington		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	(If outside city or town) limits, write RURAL and give nearest town)		
1817 Urgini are Reformed Home too aged	Street No. 1 & 1.7 - V V CATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Massie Es Ouders			
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Demale White Widowed	20. DATE OF DEATH		
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(6) Name of husband or wife. Charles Ossders	9 1 4 19 10 F 7 19		
7. Birth date of	and that I last saw harmalive on		
deceased (mo., day, yr.) Selvey - 7.7 - 86 8. AGE: Years Months Days If less than one day	Immediate cause of death		
85 10 11min.			
9. Birthplace (Town, county, and state)	Due to Saller Sugar		
10. Usual occupation	Sie f		
11. Industry or business	Oue to		
12. Name Charles M'les	Other conditions		
13. Birthplace Maruland			
	(Include pregnancy within 3 months of death)		
14. Maiden name Sarah Nyman Miles 15. Birthplace Maryland	Major fiadings of operations.		
0 1 01 1 10 171	Date of op.		
	Antopsy results		
Address 1817. Virginia au Hagerstonne Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or crematory Donalton Cemetany	Where did injury occur?		
Location Gronalosa md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Um 3. Bast of Sous	Mssns of Injury Injured at work?		
Address Bernslow Md.	61101		
Court 1/2 / Seatter and	23. SIGNATURE M. D. og other		
19/CDate rec'd by registrar)	Address Date signed 947		

JANIA 1947 BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimo

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4 .	,			0	2	-

M. D. or other

		CERTIFICA	IE OF DEATH	Reg. Diat. No	00 40
City or town(1) Row tong in above plus Hospitat, institution, How long to hospital	Washir Hancock foutside city or town lives or street address where of	ngt.on	2. USUAL RESIDENCE (HOME (For newborn Infants give residence) State	County Washingt.O	arest town)
3. (a) FULL NA				3. (b) Social Security	
	G		pple	213-18-9	635
Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL 20. DATE OF DEATH. JANUA!	CERTIFICATION 24 20 1947	9:450.
6.(b) Name of husbar 7. Birth date of deceased (mo., da		i.eAppl.e	21. I CERTIFY that death occurred on the da Sully 2 8 and that t last saw h	te above stated; that I aftended dece 19 4 4, to Jans ? ? Vale ! ! 9	eased from 2-0 19.47 19.47
8. AGE: Ye	ars Months	Days tf tees than one day	Immediate cause of death	ma-Rt.WIT.	<i>y</i>
a site you	44 3	14min.	METRSIASI	3	3 years
10. Usual occupation 11. Industry or busin 12. Name	Guard A SS Aircraf Walter A Orteans W	pple Va.	H .		
Molder so	Eunici	Norris			
HOW 15. Birthplace	Piney Pla	Norris nes, Md. e Apple	Major findings of operations	Oate of op.	Lave,
			. Aatopsy results		
Address	Hancock, M	d.	22. VIOLENCE: If death was due to extern		
17 Buria (Buriai, cremati	on, or removal, Which?	Date thereof Jan. 23 1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crem	atory Cedar	Grove Cemetery	Where did injury occur?(City or to	own) (County)	(State)
		inty Pa.			
18. Funeral director	Snyder_	- Powlery	means of injury	INJUING ST. MOINT	

23. SIGNATURE

Address.

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The content is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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Address

(Date rec'd by registrar)

Hancock.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

(1689!) Reg. Diat. No. 302

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) State
Sarah JaneBarthes 4. Sex. 5. Color or race 8.(a) Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION about 11
6.(b) Name of husband or wife	21. I CERTIFY training at hoccurred on the Cate above stated; that I attended deceased from 19
9. Birihplace Wilson Wash. County, Id. 10. Usual occupation. Housewife 11. Industry or business Own home 12. Name. Lewis Hose 13. Birthplace St. Pauls, Id.	Bue to Due to Differ conditions (Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace 16. Informant Mrs. Clyde Sprankle Address Hagertown, Maryland 17. Burial (Burial, cremation, or removal, Which?) Cemelery or crematory Location Broadfording Cenetery Location Broadfording Laryland 18. Funeral director Andrew Address Hagerstown, Maryland Address Hagerstown, Maryland 19. Law 20. 1847 Broadfording Address Hagerstown, Maryland 19. Law 20. 1847 Broadfording Broadfordi	Antopsy results

JAN 22 1947

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF is especially important.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Dr U (Yeafer

			CERTIFICA	TE OF DEATH	Reg. Diat. No	302
City or town	erstown erstown utside eity or town li of dealh?	death occurred	URAL and give nearest town)	Cily or town Hagerst (If outside city or Street No. 930 Aulb	County Shing to	e neerest town)
3. (a) FULL NAME	RB. GURT	RUDE 1	BENDER		3. (b) Social Secu	
4. Sex Female White Widow 6.(a) Single, married, widowed, or divorced Widow 8.(b) Name of husband or wife. Peter Render				20. DATE OF DEATH Janu	ICAL CERTIFICATION 2 y 28, 19.4 1 the date above stated: that I attended	7 7:00
7. Birlh date of deceased (mo., day, yr 8. AGE; Years	Months	ry 19	r) If alive, give age	Immediate cause of death	an and the second secon	19
10. Usual occupation 11. Industry or business 12. NameN.O 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant	Housewa Own ho Record No Recor No Record No Record Iss Chri Gerstown	feme d rd rd stina. Md.	Bender eof 1/30/47 (month) (day) (year) Democrary	Major findings of operations	cause to which death should be change afternal causes, fill in the following: Date of	rged statistically.
1B. Funeral director	Andrew I	C. Coi	fnan laghBowerd,	Means of Injury 23. SIGNATURE. S. Woles	et well was	D CA_ EXAM.

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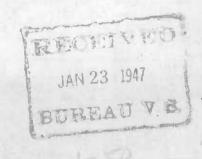
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 52 00 6

CERTIFICATE OF DEATH

(1911) Reg. Diat. No. 382

1/PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF	DECEASED:	
County	W 8	ashing	ton	(For newborn infants give residence of n		
City or town	H	gerst	OWN URAL end give nearest town)	State Md. Cour	Wash.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(If o	utside city or town l	imits, write R	URAL and give nearest town)	Cily or town Hagers town		
How long in above place Hospital, institution, or	of death?	doub occurred	C64 D	601 W. Fran	write RURAL and give n	earest town)
Nospital, institution, of	shingtor	Coun	ty Hospital	Street No. (If rural, give		
**************************				2.(a) tf veteran, name war		
		· · · · · · · · · · · · · · · · · · ·	***************************************	. 2.(a) if veteran, name war	***************************************	
3. (a) FULL NAMI	E E	lizabe	th Berger		3. (b) Social Security	y Number
4. Sex	5. Color or race	8.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
female	white	ır	narried	2D. DATE OF DEATHJan.	18, 1947	11:40p
6.(b) Name of husband	or wife Hen	ry Ber	ger	21. 1 CERTIFY that death occurred on the date about	e stated; that I attended dec	ceased from
		6.(c) If alive, give age	Jan 14 19	7.110	
T. Birth date of		1880		and that I last saw h Z alive on	4	19
deceased (mo., day, y		Days	ti less than one day	Immediate cause of death		200
8. AGE: Years		0070	hrsmln.	Carcinomatosis		7 months
9. Birthplace	Ho	g. Ber county, and usewif n home	rkeley Co., W. Va	Due to.	adney	Unkuno
	hn Grozi			Diher conditions Iligraid ade	noma	25 years
	German	У		(Include pregnoncy within 3 m	nontha of deeth)	
14. Maiden name.	Unknown	1		Major fiediogs of operations		
15. Birthplace	German	У		Major Modiogr of operations.		
1/-	n Henry	Renge	r	Actorsy results.		
10, 1110/1110/11				PHYSICIAN: Please moderline the cause to wh	ich death should he charge	d statistically.
Address H	agerstow			22. VIOLENCE: If death was due to external cause	ses. fill in the following:	
17 Buria (Burlal, cremation	1	. Date fher	eof 1-21-47 (month) (day) (year)	Accident, suicide, or homicide		
			Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	Hag	erstov	vn, Md.	Injured al home, farm, Industry, public place (wh	ere?)	
			nnich & Son	Means of Injury	Injured at work?	
Address	Hager	stown	Md.	Tor us	Welty, 7	n. o.
1-11-	1 110	7	Lead IN Bours	23. SIGNATURE ACCOUNTY PVI.	м. р	, or other
19. Date rec'd by re	2-/, 19 4 /	- P	Registra	Address Hagerstown, 7.	nd. Date signer	Jan 20, 194



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 55%

CERTIFICATE OF DEATH

			2411 N. Cha	rlea St., Baltimore 559	k 0091	2
			CERTIFICA	TE OF DEATH	Reg. Dist. No	3020
City or fown	ashing to agers for the tailed city or town in f death?	n nits, write R nron th eath occurred Parkw	URAL and give nearest town) S	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give realdence of mother) State Laryland County Vashington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 19 Lealey Parkway (If rural, give LOCATION) 2.(a) If veteran, name war. None		
3. (a) FULL NAME MRS	MARGARE		AN BURRILL.		3. (b) Social Security None	Number
4. Sex	5. Color or race	S.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Feamle			Married	2D. DATE OF DEATH January	22 1947,	8.15
6.(b) Name of husband o	wife	Haro	ld G.	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended dece	ased from
7. Birth date of	***************************************) If alive, give age 54 year	and that I last saw h. er alive on Ta	esday Jan. 21	18 4
deceased (mo., day, yr.	The second secon		0 1900	Immediate cause of death Sarcoma		DURATION
8. AGE: Years	Months 3	Days 22	If less than one dayhrsmli	thigh		
9. Birthplace	House Own	wife Home		Due to		2 mo.
12. Name J.	Stewart		n	Other conditions		
14. Malden name		th Mo	rrison	Major findings of operations		
16. Informanf	Harold G.	-		no autopsy Autopsy results. Date of op.		
Address	Hagers	town	l.d.	PHYSICIAN: Please underline the cause to w		statistically.
17. Bur 18. (Burial, cremation, commenter) or crematory	or removal, Which?)	Date there	1/24/47 (month) (day) (year) an Gemetery	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of	
			11d.	Injured at home, farm, industry, public place (Meens of injury	vhere?)	
18. Funeral director			ffman	A-A.	10	
19. Han. 2	Hagers 4, 1, 47	town	ast Howers	23. SIGNATURE NO Address 146 ZV. Washingt		y other

JAN 27 1947
BUREAU VS

PLEASE WRITE

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH, 2411 N. Charles St., Baltimore /22

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

(1903 Reg. Diat. No. 352

County. Washington City or town. Hacestown. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or streel address where death occurred: Wasgington County Hospital	City or town (If outside city or town limits, write RURAL and give nearest town) 47 Randolph Ave.
How long in hospital or institution? 4 Days	2.(a) If veleran, name war
3.(a) FULL NAME Howard R. Butts	3. (b) Social Security Number 220-10-3689
4. Sex 5. Color or race 6.(a)Single. married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DE DEATH JAN. 10, 1947 19 10;150 P.
6.(6) Name of hueband or wife Cora E. Butts 6.(c) If allve, give age	21. I CERTIFY that death occurred oo fhe date above etaled; fhat I attended deceased from years and that I last say be alive on 19
7. Birth date of deceased (mo., day, yr.) April 17, 1890	Immediair cause of death
8. AGE: Yeare Monthe Days If less than one day	Immediate (Inte of death
56 8 24hrs.	min. Intesting obstantion 5 dgs
9. Birthplace	Due to
14. Malden name Alice Leiter 15. Birthplace West Virgina Mrs. Core F. Butts	Major hadings of operations.
16. Informant Mrs. Cora E. Butts Addres 47 Randolph Ave. Hagerstown, Mc	Description of the cause to which death should be charged statistically.
17. Burial Date thereof Jan 13 194 (Burial, eremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Hose Hill Cemetery	Where did injury occur?
Location Hage stown, IId.	as to the second of work?
18. Funeral director Fred W. Kraiss Address Hagerstown, Maryland	St. OOK
19 Jaw. 13. 1947 Charth Bower	23. SIGNATURE M. D. or other

JAN 15 1947 BUREAU V 8

ADING INK. Supply every item of information care: Physicians: please write the causes of death clearly

PLAINLY, WITH UNF is especially important.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

DURATION

statistically.

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland county Washington
Cily or town	To ceratown
How long in above place of death? 44 years	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred: 425 North Potomac Street	Sireet No. 425 North Potomac Street
	(If raral, give LOCATION) World War I
How long in hospital or inelitution?	2.(4) II teletall, Halife wat.
3. (a) FULL NAME	3. (b) Social Security Number
John Carmichael	705-10-4536
4. Sex 5. Color of race 6.(G) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE OF DEATH 901, 7, 1947, 16:0.
6.(b) Name of husband or wife. Priscilla Carmichael	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from
	Oct. 13, 194 10 Jan. 7, 11
7. Birth dale of 150 77 7975	and that I last saw h. Leadive on fall. 7
deceased (mo., day, yr.) May 17, 1875	Immediair cause of death OUR
8. AGE: Years Months Days If less than one day 21	Hisporland Falace
	0.9
B. Birthplace Lexington, Virginia (Town, county, and state)	Due to Chance Morbilis
10. Usual occupation Supt. of Stores	
11. Industry or business Western Maryland R.R.	Oue to
11. Industry or business western Maryland Refres	
12. Name Soliti Garmionact 13. Birthplace Savannah, Georgia	Other conditions
	(Include pregnancy/within 8 months of leath)
14. Malden name Virginia Tucker	Major findings ol operations furgue f soslolds
14. Malden name Virginia Tucker 15. Birthplace Richmond, Virginia 16. Informant Miss Virginia Carmichael	Autopsy results. 2001
16. Informant Miss Virginia Carmichael	Autopsy results. 2001.
Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically
	22. VIOLENCE: 11 death was due to external causes, 1ill in the following:
Burial Date thereol 1-10-47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did injury occur? (City of town) (Gounty) (State)
Location Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director. C. M. Suter & Sons	Means of Injury Injured at work?
	1. 1/ Duga
Address Hagerstown, Maryland	23 SIGNATURE W. Sovaro Jeoger
19 sev. 9, 1947 philipprowers.	Abanen Soin MAD M. D. or other
/(Date ree'd by registrar) Registrar	Address Date signed



PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00905

Reg. Dist. No. 302

1. PLACE OF DEATH: County	where death occurre	CURAL and give nearest town) ars t: Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State		
3. (a) FULL NAME	92		3	3. (b) Social Security N	umber
		ence Charles			-
Male Sox 5. Color or ra		e, married, widowed, or divorced	MEDICAL CERT	rification 10 19 47	1:559
6.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date above st	ated; that I attended decease	ed from
7. Birth date of	6.(c) the alive, give ageye	and that I last saw h. Land. alive on		
deceased (mo., day, yr.)	uly 27,		Immediate cause of death	_	DURATION
8. AGE: Years Months		If less than one day	Pulmonary Tuberce		20 yr
9. Birthplace Charlton 10. Usual occupation	None None		Due to.		
	ton Md	•	Other conditions Benigos Prostat	70 0 1	2 yrs
14. Malden name Mary 15. 8irthplace Clears Mrs. Ga:	Davis pring	Md.	(Include pregnancy within 3 month		***************************************
16. Informant		r	Antopsy results	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Location Wes 18. Funeral director Scot	Pauls tern Pik	eof 1-13-47 (month) (day) (year) Cemetery e nich & Son Md.	22. VtoLENCE: If death was due to external causes, Accident, suicide, or homicide	Date of(County)	(State)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Charles St., Daitimore

CERTIFICATE OF DEATH



00913040 Reg. Dist. No. 3040

1. PLACE OF DI	EATH: Washingto	n		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)				
				state Maryland. County Washington				
City or town	autoide eitur on town li	mits, write R	URAL and give nearest town)	Handok				
City or town				City or town (If outside city or town li	imits, write RURAL and give	nearest town)		
Hospital, Institution, o	r streel address where	death occurred	:	Street No.				
					glve LOCATION)	*************************		
How long in hospital	or Institution?			2.(a) If veteran, name war	•••••			
3. (a) FULL NAM	1E				3. (b) Social Securi	ty Number		
		Natha			NONE			
4. Sex	5. Color or race	6.(a) Single	e, married, widowed, or divorced	MEDICAL	CERTIFICATION			
Male	White	1	larried	2D. DATE OF DEATH	-5 194"	7 9. 30 P.M		
a (1) H (1)	d or Wife Jenn:	e Co	onn	21. I CERTIFY that death occurred on the date	e above stated; that I attended d	eceased from		
5.(0) Name of nusban	O OF WITE	ber had en en en en en en en	78	July	19.3 4 10)	3 19.4.2		
7 Right date of		8.(6	r) If alive, give age 78 years	and that I last saw h) .	3- 19.4.2		
deceased (mo., day,	, yr.) A1	1g. 5	1865					
8. AGE: Yea		Days	If less than one day	Immediate cause of death.	11/2-000			
8	31 5	0				I.pl.		
			ıssia	mite al Ste	nszia	***************************************		
				Due 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******		
10 Houst accupation	Clothin	g Mei	rchant		***********************************			
				Dua to		*******		
11. Industry or busine		nn		So sile	Delil. 7			
II EI				Other conditions				
		Rus		(lnclude pregnancy withi	in 8 months of death)			
14. Maiden name	Bessie	Balse	er	Major findings of operations	******			
15. Birthelace		Rı	ussia	major remarks of operation				
			an					
				Antopsy results				
	ancock, M			22. VIOLENCE: If dealh was due to externa	al causes, fill in the following;			
Buria	n, or removal. Which?	Date then	eof Jan. 8 1947 (month) (day) (year)	Accident, suicide, or homicide				
(Burial, erematic	on, or removal. Which?							
Cemetery or crema	tory Saltime	ore He	ebrew Cemetery					
Location Bels	air Road	Baltir	nore, Md.	Injured at home, farm, Industry, public place		•••••••		
18. Funeral director.	Snyder-	Rowlan	ad	Mann of Injury				
11	Hancock			14.	but R. Ja	MAR		
1-1	17	(//	1. Heller	23. SIGNATURE	//	D. or other		
19. (Date rec'd by	registrar)	7	Registra	Address Hanco	ch. Md Date sign	red 1-6-47		

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Outry	State Maryland Washington County
City or town. Hancock Fural (If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	
Hospilal, Institution, or street address where death occurred: Cohill Station	Street No. Cohill Station (If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Emma Mae Conrad	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH Jana 26, 1947 19:45 R. M. M
8.(b) Name of husband or wife Amos F. Conrad	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S (c) If alive give age	
7. Birth date of July 18, 1869	and that I ast saw h. D.Aallye on
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
77 6 8	Cincin Maria of the fill for the first of th
	f)
9. Birthplace Bedford County, Pa. (Town, county, and state)	Due to William Melanaro
	Quil Wehrhit
10. Usual occupation 10me uties	Due to Described All College (1-1)
11. Industry or business	
12. Name Harrison Clingerman 13. Birthplace Bedford Co., Pa.	Other conditions
13. Birthplace Bedford Co., Pa.	(Include pregnancy within 3 months of death)
11. Maiden name Anna Leighty	
	Major findisgs of eperations.
2 15. Birthplace Bedford Co., Pa.	Date of op.
16. Informant Mrs. Willa B. Purnell	Autopsy results
Address Everttville, W. Va.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Burial (Burial cremetion, or removal, Which?) Bate thereof Jan 29 194 (month) (dsy) (year)	Accident, suicide, or homicide
Va	Hedistrii addael e. nameta
Commetery or crematory. Fair view Cemetery	Where did lojury occur?
Location Route 40 W. Hancock, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Snyder-Rowland Funeral Home	Maans of Injury Injured at work?
Hancock Mid Tuneral Home	11 1 60 11/1
Address Hancock, Md. 7	TONNIT MIXITING MADE
1-200 119 (11/1 Hello.	23. SIBNATURE M. D. or other
19. 1-2.8 437 Heller	Dans on h Md note stoned 1-227-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib MARGIN RESERVED FOR BINDING

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May alerta

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltlmore

CERTIFICATE OF DEATH

60908

Reg. Dist. No. 307

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	state Maryland County Washingt	or.
How iong in above place of death?	City or town Nural - KNOXY	n)
Rural-Knoxrille, Maryland	Street No	***************************************
How leng in hespital or institution?	2.(a) If veteran, name war	*********
Mrs. Addie Elizabeth Ca	rterCoulter 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	ELI
r W Widowed	20. DATE OF DEATH. X MY 18.14. T. at 9	SAN
B.(b) Name of husband or wife WM. T. Coulter	21. I CERTIFY, that death occurred en, the date above stated; that Lattended deceased from	
deceased 8.(c) If alive, give age years	Dic 14 1046 10 Jase 10	
7. Birth date of deceased (mo., day, yr.) Dec. 8, 1868	and that I last saw h LN alive en and	19.4
8. AGE: Years Months Days If less than one day	Immediate sause of death	JRATION
78 1 2hrsmin.	1 winany sama 2	Day 5
9. Birthplace Frederick Co. Md. (Town, county, and state)	Due to Mys Purchal facture 3.	Tays
10. Usual occupation. House Wife	Due to	**************
11. Industry or business	Myscadillo 5	9.00
12. Name Berry Carter. 13. Birthplace Frederick GMd.	Other conditions Wiabettes - A cute 34	W
13. Birthplace Frederick GMd.	Straleta 24	
14. Maiden name Penelope Blessing. 15. Birthplace Frederick Ca, Md.	(Include pregnancy within 3 months of death) Major findings of operations.	
2 15. Birthplace Frederick Co. Md.	major indungs of operations	
16 interment Luther E. Caulter	Autopsy results.	
Address Canton Ohio	PHYSICIAN: Please underline the cause to which death should be charged statistical	ly.
17 Burial Date thereof Tan 13 1947. (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, er homicide	****
cometery or crematory. Church of the BreThren	Where did injury occur?	
Location Byo verys ville, Wash 6 Md	injured at heme, farm, industry, public place (where?)	***********
18. Funeral director RASE Davids	Means of Injury Injured at work?	
Address 320 W Potomac St. Brunswick	as consume a P Drive	
10 Jan 15 1047 Cornelius Jr. Castle	M. D. or other	1.14
(Date rec'd by registrar) Registrar	Address It was Bate stoned // D/	4/

2-3070-1-10

JAN 20 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFIC	CATE OF DEATH Reg. Diat. No. 3 8 1
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary Loud County Cashing County City or town (If outside city or town fmita, write WRAL and give nearest town) Street No. (If rurai, give LOCATION) 2. (a) If veteran, name war.
3. (a) FULL NAME	
James Les Cross	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mare rayer reavera	20. DATE DF DEATH
8.(b) Name of husband or wife Cons F. Coss	21. I CERTIFY that death occurred on the date above stated; that pattended deceased from
7. Birth date of 0 + 1 1 0 5 100/	and that I last saw h had a alive on
8. AGE: Years Months Days It less than one day	Immediais cause ol death
50 2 10hrs.	
9. Birthplace Sharpshurg Washington, M. (Town (county, and atate)	
10. Usual occupation Farming and Bailer Was	Due to
11. Industry or business Western Md. Railroad	
12. Name Lafayette Cross 13. Birthplace Baansbars, md.	Other conditions.
	(Include pregnancy within 3 months of death)
14. Malden name ducy Scatt 15. Birthplace Sharpshung, Md.	Major findings of operations.
VILLA CE LEANING CARAL	Date of op.
10. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Beg Springs, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereof. (monty) (days) (year	Accident, suicide, or homicide
Cemetery or grematory Tolson M. C. Cemetery	Where did Injury occur?
Location Sharpshurg, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Milliams & Downley	Means of Injury Injured at work?
Address 291 Fredrick st Hogerstolow	David OP. Brewer M.
Mais a un Astralla	23. SIGNATURE M. D. or other
19 (Date ree'd by registrar) Reg	ristrar Address Clar young 119 bate signed 1/4/4

MARGIN RESERVED FOR BINDING

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JAN 10 1947

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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

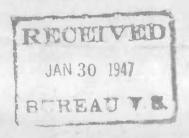
2411 N. Charles St., Baltimore

94a

CERTIFICATE OF DEATH

()(1911) Reg. Diat. No. 382

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County TO a Ruing to		+
City or town	Slate M. d. County LOR S. S. S. M. T.	1.h.Q.L
How long in above place of dealh?	City or town. Rox all Gand Store O	est town)
Hospital, Institution, or street address where death occurred:	Street No.	
Washington County Hospital	(If rural, give LOCATION)	
How long in hospital or institution? 12 days	2.(a) If veteran, name war	••••
3. (a) FULL NAME	3. (b) Social Security N	
Maurice Leslie Culle	220-16-2	808
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male white Married	20. DATE OF DEATH January 26, 47 19	4.45F
Dass 1.110"	21. I CERTIFY that death occurred on the date above stated: that I attended decease	ed from
6.(b) Name of husband or wife	January 15 1947 Amang 2	6 1947
7. Birth date of		19 4 7
deceased (mo., day, yr.) -e-b , 21, 1882	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day		2 mor
64 11 3min.	Coronary Thrombosis.	***************************************
9. Birthplace To Middlatown Frederick Co. Rd.	Due lo.	4
(Town, county, and state)	Avassidas Tacherardia	1 wh
10. Usual occupation Laboret ar Rectrosa	Due 10	
11. Industry or business	Huperstatic Pneumous.	rdery
# 12. Name William Culle!	Other contilons	
12. Name William Culter 13. Birthplace Middle Corow 1 Md.		
# 14. Maiden name Lennie wiles	(Include pregnancy within 8 months of death)	
15. Birthplace Middletown, Mid	Major findings of operations.	
	Date of op.	
18. Informant Rose Cyllel	Autopsy results	atistically.
Address Boonsboro, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. (Burial, cremation, or removal, Which?) Date thereof. — 28-19U) (month) (day) (year)	Accident, suicide, or homicide	
(Burlai, cremation, or removal. Which?) (month) (day) (year)		A
Cemetery or cremalory	Where did injury occur?	(State)
Location Middle town, Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Claduill Co.	Means of Injury Injured at work?	
Address Middle town Mid.	JUNIAN DA	0
Man 28 10 Phant Brown Al	23. SIGNATURE M, D, or	other /
19. (Date rec'd by registrar) Registrar	Address Boonslow, Date signed	1/27/4



2411 N. Charles St., Baltimore

95a

00911

CERTIFICATE OF DEATH

er. Diat. No. 305

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infants give residence of mother)
City or town	State Many County Title hangton
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
Hospital, Instilution, or street address where death occurred:	
main St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert Thomas Cerry	minestan - none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE DE DEATHACKERORENO 76 19. 47 at 1. 30 A.
8.(6) Name of husband or wife Carrie Shows Curning hours	21. I CERTIFY tha death occurred on the date above stated; that I attended deceased from
0	Jamary V6 194/ 10 Jamary V6 194/
7. Birth date of	and that I last saw her alive on January 26 19 47
deceased (mo., day, yr.) () Remiller - 16 - 1879	Immediate cause of death
8. AGE: Years Months Days If less than one day	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
hrsmin.	Auricha Sibulation
9. Birthplace Maar Boonstono Wash G. md.	Due to
(Town, county, and state)	least block
10. Usual occupation a armer and I must Grouper	Due to
11. Industry or business	
12. Name David Cummingham 13. Birthplace Um V. Co.	Dther conditions
	(Include pregnancy within 8 months of death)
E 14. Maiden name Delen Lynch 15. Birthplace Wash. Co. md.	(Include pregnancy within 8 months of death)
المرابع المرابع المالع الم	Major findings of operations.
2) 15. Birtinplace C. A. F. A.	Date of op.
18. Informani II Mi . Cantale	Autopsy results
Address Mableville md.	
17 Burial Date thereof America 28 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month (day) (year)	Accident, suicide, or homicide
Cemelery or crematory S Dansloss Conseland	Where did injury occur?
Location Browslaw and	Injured at home, farm, Industry, public place (where?)
TIM 3 Botas	Meane of Injury Injured at work?
10. Funeral director	bulle our
Address Sometime md.	23. SIGNATURE WILLIAM M. W-
plany. 27. 1047 John H. Bast	B. M. D. or other // 7/47
Dato red by registrar) Registrar	Address Journal Dale signed / V// Y/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 31 1947

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PLEASE

(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2 HOHAL DECIDENCE (LICAME) OF DECEASED.

1. FLACE OF D				(For newborn infants give residence of mother)		
County Washington		state Maryland coucty Washington				
City or town Rural Big Spring (If outside city or town limits; write RURAL and give nearest town)						
				City or town Fural Bi	ts, write RURAL and give near	rest town)
Hospital, institution,	or street address where t	leath occurred	d:	Street No. Near Big S		
Near	Big Spri	ng		(If rural, giv	e LOCATION)	
			***************************************	2.(a) If veteran, name war	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3. (a) FULL NAM				All Control of the Co	3. (b) Social Security 1	Vumber
J. (a) 1022 1111		Gar	ry Robert Dic	k	None	(ambet
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	S	ingle	20. DATE OF DEATH January	27 10/7 6.	00 / 1/-
		-				
			***************************************	21. I CERTIFY that death occurred on the date at		
		6.(e) If alive, give ageyears	Jan 6, 19	to to	re. f. p 19. 4
7. Birth dats of	Jan.	6, 1	947			19Sk
deceased (mo., day,	, 31.7	Days	If less than one day	Immediate rause of death		DURATION
8. AGE: 100		21		Tremalu	re	• • • • • • • • • • • • • • • • • • • •
			hrsmin.	Buth -	•	
9 Rirthnlace B	ie Sprine	Wa	sh. Co., Md.	Due to.		
				12 mo.	gestation	de day
10. Usual occupation	None		***************************************	Due to.	V	
11. Industry or busine	ess			Due 10		***************************************
		n		Other conditions		110000000000000000000000000000000000000
F	Unknow			Other conditions	***************************************	
			· T · 1	(Include pregnancy within 3	months of death)	
里 14. Maiden name	Rachael	Dess	ie Dick	Major fiediogs of operations		
14. Maiden name	Clear S	pring	, Md .	majo: nodogo or operados.		
	Rachael	B. Di	ck	Aotopsy results.		
16. Informant				PHYSICIAN: Please noderline the cause to w		
Address	Clear Sp			22. VIOLENCE: If death was due to external ca	auses, fill in the following:	
17 Bur	ial	Date ther	eof Jan. 29-47 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crema	tory Rose	Hill	Cemetery	Whers did injury occur?(City or town)	(County)	(State)
Location	Clear Sp	ring,	Nd.	Injured at home, farm, industry, public place (where?)	
				Meens of Injury	Injured at work?	
18. Funeral director.			d Funeral Home	() '11	00	400
Address	Clear Sp	ring,	Md •	drawed ()	1. Brewer	- Mit
1	10 117	7 0	16217 Menille	23. SIGNATURE	M. D. o	rother /

Registrar Address.



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF CFOR newborn tafauts give residence of State Maryland Council City or town Keedys ville (If outside city or town limits Street No	washington
3. (a) FULL NAM	AE.	lores Drury		3. (b) Social Security Number None
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Single		ERTIFICATION 19 47 at 34.
41.	,yr.) Apri	1 9,1946 Days If less than one day	21. I CERTIFY that death occurred on the date abo	to to describe the state of the
	Non	ZashMar.yland	Due to	mould Swks
13. Birthplace M	ercersburg	-Franklin CoPenna Hodimes rove-Wash.CoMd.	Other conditions	
16. Informant	Paul Drury Keedysvill	, Md	Autopsy results PHYSICIAN: Plesse underline the cause to wi 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	hich death should be charged statistically.
Cemetery or crema	atorySamj	oles Manor, Md, Earnshaw	Where did Injury occur?(City or town) Injured at home, farm, industry, public place (w	
Address	Keedy:	Wille Md	23. SIGNATURE. By VISLORS	M. D. or other Date signed M. 5., 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly indicability

MARGIN RESERVED FOR BINDING

(Date rec'd by registrar)



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PLAINLY, WITH UNF is especially important.

PLEASE-WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N Charles St. Baltimor

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CEDTIFICAT	E OF DEATH	0.43
CERTIFICAT		Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) Of (For newborn Infanta give residence of	F DECEASED:
County	State MARY LAND Cou	aty WASHINGTON
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or town HACERSTOU	N R.F.D. #5
How long in above place of death?	(If outside city or town limits	FITERS BURG PIKE
MACERSTOWN R.F.D. #5.	(If rural, give	
How long In hospital or Institution?	2.(a) If veteran, name war NON -	-VE/,
3. (a) FULL NAME		3. (b) Social Security Number
VIOLA BLANCHE E	CKSTINE	NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
FEMALE WATTE MARRIED	20. DATE OF DEATH 26 Jan	19.47 11/30/3
6.(b) Name of husband or wife HOWARD JECKSTINE	21. I CERTIFY that death occurred on the date abo	- 1
7. Birth date of	10 Jan 19.	10 10 10 10 10 10 10 10 10 10 10 10 10 1
7. Birth date of deceased (mo., day, yr.) NOVEMBER 16, 1883	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Arteno sclentie Cir	the Vascular unany
63 2 0 hrs. min.	Durene with my read	hal failure
9. Birthplace P.F.D.# / WHSHINGTON MO.	Due 10	/
10. Usual occupation. HOUSE WIFE	Due 10.	
11. Industry or business		
12. Name WILLIAM H. KOHRER 13. Birthplace BEAVER CREEK, MD.	Other conditions	
13. Birthplace BEAVER CREEK, MD.	(Include pregnancy within 3 r	nonths of death)
14. Maiden name MARY ETTA I-UNK 15. Birthplace BEAVER CREEK, MS.	Major findings of operations.	
\$ 15. Birthplace BEAVER CREEK, MD.	IM	Date of op
16. Informant Fellow Perfection	Actorsy results	(-1 1 at 1 at 2 at 2 at 2 at 2 at 2 at 2 a
Address Hagerstown From P.	PHYSICIAN: Please underline the cause to wi	
17 Burial, cremation, or removal, Which?) Date thereof Mu. 27, 944	Accident, suicide, or homicide	
PASE HYLL	Where did injury occur?(City or town)	
Cometery or cremetory ADD TOULD MA	(City or town) Injured at home, farm, Industry, public place (w	
Location	Means of Injury	/ tojured at work?
18. Funeral director Dodg G. J.	1111	6
Address Hagesslown Ma.	23. SIGNATURE	wy
18 Jan. 28, 1947 Charlet Tower V.	Address 23 Mortoman	M. D. or other Date signed 2 7 My X 7
Mare tee d by registrary		

Dr. Frank 7. Lucky 230 N. Potomac



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Diat. No....

1. PLACE OF DEATHWashington					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
I Gounty	***********		## %,	State A.d. County Jashin	gton	
City or town(If	outside city or town li	mita, write R	URAL and give nearest tow	Hagarstown		
How long in above place	e of death?	24 ye	ars		nearest town)	
Hospital Institution of	r street andress where	death occurred	ty Hospital		Street No. 733 S. Potomac St.	••••
				***********	(If reral, give LOCATION)	
		lays	***************************************		2.(a) It veleran, name war.	
3. (a) FULL NAM	E Paynt	ter F.	Elliott		3.(b) Social Securi	*
					705-10-74	41
4. Sex	5. Color or race		married, widowed, or divorced		MEDICAL CERTIFICATION	
male	white	W	ridowed		20, DATE OF DEATH January 2, 1947	, 5:55 a
6.(b) Name of husband	or wite Rosal	lie El	liott		21. I CERTIFY that death occurred on the date above stated; that I attended d	
1				Page V	17 31 19 46 , 10	
7. Birth date of					and that I last saw h. LAM. alive on	1.1.1.198.4
deceased (mo., day.	11.7	Days	It less than one day		Immediate cause of death	OURATION
7.5		1.	hrs.	min.	Lobat purumonie	5 days-
		Wicom	pico Co. Ma	1		******
			ico Co., Md		Que to	*****
10. Usual occupation.			chinest		Que to.	******
11. Industry or busines	. W. 1	M. R.	R.		Que to	******
当 12 Name	unknow	1			Other conditions.	
12. Name						
	unknowi	1			(Include pregnancy within 3 months of death)	
E 14. maiden name.		·			Major findings of operations	
		12m m 4			Oate ot op	
	anklin H		OTT		Astopsy results	ad statistically
Address Ha	gerstown	, Md.				ee statisticany.
17. burial Oate thereot Jan 6,1443 (Burial, cremation, or removal, Which?)					22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
Cemetery or remaiory Fresbyterian Church				Where did injury occur?	(State)	
Location Salisbury, Md.					Injured at home, farm, industry, public place (where?)	
			nich & Son		Msans of Injury Injured at work?	
Address	Hagerst					-
Address	2.0.00100	, ,	-110	- 4/	23. SIGNATURE John MHorabakes)	L. 1).
(Date rec'd by re	0, 19.4/ egistrar)	10/4	201/Uowe	egistrar	154 W. Washing Tou St. M. Address Hugers four Trade Date sign	ed //3/47
V					0	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00916

		1-364	CER	TIFICAL	E OF DEATH	1.8	Reg. Dist. No.	302
1. PLACE OF DEA	TH:	777 7 . *			2. USUAL RESIDENCE (I-	IOME) OF	DECEASED:	
County	ratowa	Washir	ngton	***************************************	State Maryland			ton
City or town. (If or	rstown .	imits, write R	URAL and give ne	arest town)	Funkat	ONT YOUR	iy	
How long in above place	of death? Li	fe			City or town Funkst	or town limits,	write RURAL and give	nearest town)
Hospital, Institution, or Poplar	street address where	death occurred			Sireet No Poplar S	treet	***************************************	
Now long in hospital or				***************************************	2.(d) If veteran, name war	(If rural, give l		************************
3. (a) FULL NAME							3. (b) Social Securi	ty Number
	Ja	cob Da	avid Fis	her			211-09-6	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, o	r divorced	MEI	DICAL CE	RTIFICATION	
Male	White	Man	ried		20. DATE OF DEATH	mar	4 30, 10 H	7. 13.A
6.(b) Name of husband o	wife Nelli	e May	Fisher	***************************************	21. I CERTIFY that death occurred	on the date abo	e stated: that pitended d	eceased from
) if alive, give age	67			47,10 Jan	
7. Birth date of deceased (mo., day, yr	June	2. 186	8		and that I last saw h. Landing	/ 7/		
8. AGE: Years	Months	Days	if less than one o	lay	Immediate cause ol death	d	A /	DURATION
78	7	28	hrs,	min.	Correbal	Lome	whate e	4 dan
9. Sirihplace Funkstown, Wash a Co a Id a (Town, county, and state)				······································	Due to	••••••		
10. Usual occupation				900110201001001000000000			<i>[[</i>	
11, industry or business				776	Due to		***************************************	
	lliam C.	Fishe	er		Diher conditions	1 1		******
12. Name	nkstown	Jarr	71 and					***************************************
6	Carolin	e Gros	33		(Include pregna			4
E 14. maiden name	nkstown	້ອ ກາ	rland		Major findings ol operations			<i>1</i>
14. Maiden name 15. Birthplace F	lala Tia	3	y 1. Collect		Antonsy results.	7=1	Dato of op	***************************************
					Antopsy results			
Address Funkstown, Maryland					22. VIOLENCE: If death was due		//	
Burial (Burial, cremation, or removel. Which?) Dale thereof 2-2-47 (month) (day) (year)			Accident, suicide, or homicide	(/		= 6868 a= = a60000 co oo oo oo oo oo oo oo a		
Cemetery or crematory. Funkstown Cemetery				Where did injury occur?(((State)	
Location Funkstown, Maryland				Injured at homo, farm, industry, p			,	
				***************************************	Means of injury	unite piace (with	Injured at post?	***************************************
18. Funeral director						1	1 1	1
Address Funk	stown,	waryla	110	2	23. SIGNATURE	1	Mosel	
19. Jack, 1	3/1 1947	- 6k	altit	Registrar	Address Hageral	eson.	md Dato sign	1/31/4
1-1/								1



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00917

CERTIFICATE OF DEATH

Reg. Dist. No. 30 2

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)			
County Was							
City or town	agerstown	limits, write l	RURAL and give nearest town)	state Maryland county Washington			
How long in above place	of death?	Days		City or town Rural Hancock (If outside city or town limits, write RURAL and give nearest town)			
Hospilai, institution, or	street address where	death occurre	d:	Street No. Route #			
			al		al, give LOCATION)	*************************	
How long in hospital o	r Institution?	2 Days	***************************************	2.(a) if veteran, namo war			
3. (a) FULL NAM	E	_		-	3. (b) Social Securi	ty Number	
	F		t Albert 1	- OWERS			
4. Sex	5. Color or race	8.(a)Sing	le married widowed or divorced		212-14-61	150	
					7	10	
Male	White	Ma	rried	20. DATE OF DEATH	an. 25 19 4	7, 21 / F. M	
6.(b) Namo of husband	Hazel	Frv F	lowers	21. I CERTIFY that death occurred on the	dato above stated; that I attended d	eceased from	
6.(0) name of nessand	01 w110		29		19 to	19	
7. Birth date of		6.((c) if alive, give age29years	and that I last saw halive on		19	
deceased (mo., day,	yr.) Sept	. 9, 1	917	Immediate cause of death		OURATION	
8. AGE: Years		Days	if less than ooe day		0 (1		
25	9 4	16	hrsmin.	Fracture	of Skull	46 liro	
Hance Hance	ook. Wash	ington	County, Md.	Duo to	10.00.20002.0001.001.001.0000001.01201		
9. Birthplace.aa	(Town	, county, and	County. Md.	D00 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****	
10. Usual occupation.	Labo	rer	•••••			******	
11. industry or busines		100 100 100		Duo to	***************************************		
		rs				000000	
	Fulton Co			Other conditions	***************************************	*****	
				(Include pregnancy w	ithin 3 months of death)		
14. Maiden name.	Jennie	Brady		Major findings of operations	0		
15. Birthplace	Fulton C	ounty.	Pa.	histor indiago of operations			
		enn		Antopsy results NO			
16. Informant			•••••	PHYSICIAN: Please underline the cause	se to which death should be charg	ed statistically.	
Address	Hancock,			22. VIOLENCE: If death was due to exte	ernal causes, fill in the following:		
17 Burial		Oato the	reef Jan. 30, 1947 (month) (day) (year)	Accident, suicide, or homicide		Jan. 23-47	
Burial Date thereof Jan. 30, 1947 (Burial cremation or removal Which?) Cemelery of XXXXXX XROGERS Heights Lutheran				Where did injury Account Han	work wash!	Ind.	
Cemelery or Charles	xxxxogers	Heights	Lutheran	(City or	town) (County)	(State)	
Location Near	Hancock,	Md.		Injured at home, farm, Industry, public p	- 1	it of nows	
18. Funeral director	Charles R	. Bast		Means of Injury Cutto ac	industry and thoras	HUAL EXAM.	
Address	Hancoc			123 SIGNATURE Kakest	Wells WASH, CI		
19. fan. 2	-7. 1947	6	host Howers	23. SIGNATURE.	wy md.	au.2747	



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93 4 CERTIFICATE OF DEATH

00918

•		2411 N. Cha	arles St., Baltimore 93 d
		CERTIFICA	ATE OF DEATH Reg. Diat. No. 361
1. PLACE OF DE.			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	gerstown	Rure 1 lits, write RURAL and give nearest town) years	State Maryland county Washington City or town Hagerstown Rural (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or	street address where d	eath occurred:	Street No. Cearfoss Pike (If rural, give LOCATION)
How long in hospital or	Institution?		2.(a) If veteran, name war
3. (a) FULL NAM	Ch:	ristiana M. French	3. (b) Social Security Number Hone
Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION
		iam H. French	20. DATE OF DEATH
	Senta		
8. AGE: Years	Months	Days If less than one day	Immedia chie of death ly cardily
9. BirthplaceW:	shington	County Md.	
10. Usual occupation	Home	Duties	Due lo.
11. Industry or busines:		Kline	Other conditions Williams Scheris
- 41			(Include pregnancy within 3 months of death)
	Wash. Co.	illsMd.	Major findings of operations
		French	Autopsy results.
	gerstown		PHYSICIAN: Please underline the cause to which death should be charged statistically
	ial or removal. Which?)		
		Will Cemetery	
		vn, 1/d. Kraiss	Mssns of Injury Injured at work?
1B. Funeral director	Hagersto		L. V. O Beach y. A
19 (Date rec'd by re	7, 19 4 7	Chasf Bower	23. SIGNATURE MO or other Hoguston, W Dat signed 25



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00920

Reg. Dist. No. 3 03

CERTIFICATE OF DEATH

1. PLACE OF D			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
City or townRu	ral - nea	r Hagerstown mits, write RURAL and give nearest town)	State Maryland Coun City or town Hagerstown (If outside city or town limits.		
	or street address where		Street No. 429 McDowel:		
		sing Home	(If rural, give)		
How long in hospital	or Institution? 4	weeks	2.(a) If veteran, name war		
3. (a) FULL NA!	ME			3. (b) Social Security None	Number
4. Sex	5. Color or race	M a 6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
F	W	Widow	20. DATE OF DEATH January		, at
7. Birth date of		B. Geist (deceased	21. I CERTIFY that death eccurred on the date above and that I last saw h	16 10 Janes	151947
deceased (mo., da) 8. AGE: Yes		20, 1864 Days It less than one day	Immediate cause of death		DUNATION
8. AGE: 8		26min.	Caroline De		/
a Blathalana K	elton. Pe	nna	Oue to Certero Se		
9. Birthplace	(Town,	nna county, and state)	Hacuples		1 -1
10. Usual occupation	House	rife	Due to.		
11. Industry or busin	ess		500 (0		
Sant .	Webster Mennsylv	iller	Other conditions		* *************************************
			(Include pregnancy within 3 m	onths of death)	
14. Maiden nam 15. Birthplace		Hall	Major findings of operations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 15. Birthplace	Pennsyl	vania			
16. Informant		ist	Antopsy results		statistically.
Address	Hagerst	own, Md.	22. VIOLENCE: If death was due to external caus		
17 Buri (Burlal, cremati	al on, or removal. Which?)	Date thereol Jan. 18, 1947 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crem:	ntory Rest	Haven Cemetery	Whare did injury occur?(City or town)	(County)	(State)
		stown, Md.	Injured at home, farm, Industry, public place (wh	ere?)	
18. Funeral director	L. F.	Reecher	Means of injury	injured at work?	
Address		stown. Md.	7 Then	1/00	
Montess	Fullks	Diny Hall	23. SIGNATURE	m. D.	or other
19 Com	19/+	North Land	Address Hagarston	My. Date signed.	/
youte rec d by	registrar)	Registrar	11 Address	A	1 /47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00921

CERTIFICATE OF DEATH

Reg. Dist. No. JO2

1. PLACE OF DEATH: County Fashing tow Timbertonou and	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Hashing to a		
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town Fruitstown med		
How long in above place of death?			
Hospilal, Institution, or street address where death occurred:	1 200 - 1		
	Street No		
How long In hospital or institution?	2.(a) If veleran, name war.		
3. (a) FULL NAME Elva. May. Isosrard	3. (b) Social Security Number		
4. Sax 5. Color of sace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	MEDICAL CERTIFICATION		
Female White Midsmed	20. DATE OF DEATH		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 - 15 - 4 (2.19		
6.(c) if alive, give age yea	ara ()		
7. Birth date of 10 1570 deceased (mo., day, yr.).	and that I last saw halive on		
	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Construe devitatence 100		
76 7hrsmi	in l		
9. Birthplace Suishs buy Mid	Due to		
(Town, county, and state)			
10. Usual occupation House Beefing			
IU. USUAI OCCUPATION.	Due to		
11. Industry or business			
= 12. Name acole Capper	Other conditions Inflation 10 flat		
	Other condition		
13. Birthplace Sundbusburg and	(Include pregnancy within 3 months of death)		
# 14. Maiden name Margaret Figler	(Include pregnancy within 3 months of death) Major findings of uperations		
15. Birthplace Bladfurd Ha	Oats of op		
of the state of			
16. Informant O cola, Tassest	Autopsy results.		
Address Finalestours and	PHYStCIAN: Please underline the cause to which death should ha charged statistically.		
	22. VIOLENCE: It death was due to external causes, fill in the tollowing;		
(Burial, cremation or remayal, Which?) (Burial, cremation or remayal, Which?) (Burial, cremation or remayal, Which?)	Z net of		
(Burial, cremetion, or remoyal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Roal Hill Cassilong	Where did Injury Occur?		
location Hageistown mid	Injured at home, tarm, Industry, public place (where?)		
11/2 D 1/2	Means of Injury / Injured at work?		
18. Funeral director 400 / 3. Hoover	V6 111 6 0		
Level 1	NE MALLEN MALL		
Address Murchalung und	23. SIGNATURE LEAVINGERY		
taw. 11. 117 + love of the	23. Signature M. D. or other		
19/	ar Address Add		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00922 Reg. Dist. No. 362

4						
City or town	Washi stown imit city or town imit th? Lif address where dea y Stree	Mary e th occurred t		2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State Maryland Con City or town Hagerstown (If outside city or town limit Street No. 399 Liberty (If rurai, give	mother) Washing to the s, write RURAL and give nea Street LOCATION)	rest town)
3. (a) FULL NAME					3. (b) Social Security	Number
	John Gr	adv			None	
4, Sex 5. C	olor or race		, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male V	Thite	Si	ngle	Acres.	20 18 47	>30
mare 1	IIII	01	.11810			
6.(b) Name of husband or wif	e			21. I CERTIFY that death occurred on the date abo		20 19 47
		6. (c) If alive, give ageyea	19.		20 18 47
7. Birth date of deceased (mo., day, yr.)	Februar	v 9.	1868	and that Last saw halive on		
8. AGE: Years	Months	Daye	If lese than one day	Immediate cause of death		DURATION
78	11	11	hrsml	Chow My , co	Liter	7 200
10. Usual occupation	Laborer as Grady Ireland Catherin Ireland	ie Lj	nch	Due to		0 705
16. Informant	s. Kathe			PHYSICIAN: Please underline the cause to w	hich death should he charged	statistically.
(Burial Cemation, or re			(month) (day) (year)	22. VIOLENCE: It death was due to external ca Accident, suicide, or homicide	Date of	
						(State)
Location Hage	stown.	Mary	land	Injured at home, farm, industry, public place (v	/	
t8. Funeral director C .	M. Sute	er &	Sons	Meane of injury	injured at work?	
Address/ H8	agerstov	m. A	Maryland	112	4	
Hudred!	47	6)	hast Bower	23. SIGNATURE LA SENT DU	M. D.	12./117



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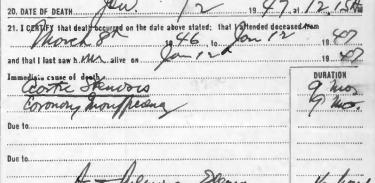
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

E OF DEATH

		24II N. Charles		
		CERTIFICATI		
1. PLACE OF DEAT	Н:			
County	Washir	gton		
City or townC.eda	r Lawn	Maryland		
How long in above place of Hospital, institution, or st Cedan	reet address where de Lawn	eath occurred:		
How long In hospital or in				
3. (a) FULL NAME				
	Thomas	W. Grosh		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		
Male	White	Married		
6.(b) Name of husband or	wife Mary	Frosh		
7. Birth date of deceased (mo., day, yr.)	August	0, 1893		
8. AGE: Years	Months	Days If less than one day		
53	5	6min.		
9. Birthplace Was	nington	County, Maryland		
1D. Usual occupation	District	Sales Manager		
11. Industry or business	Kasco	Mills Company		
至 12. Name Ch	arles L.	Grosh		
13. Birthplace Washington County, Maryland				
# 14. Maiden name. Alice Cook				
15. Birthplace Clearspring, Maryland				
14. Maiden name. Alice Cook 15. Birthplace Clearspring, Maryland 16. Informant. Mrs. Thomas Grosh				
Address Ce	dar Lawn	, Maryland		
Burial Date thereof 1-14-47 (Burial, cremation, or removal. Which?) Rest. Haven Cemetery				
Cemetery or crematory Rest Haven Cemetery Location Hagerstown, Maryland				
Location Hag	erstown,	marylanu		
1B. Funeral director	· M. Dut	er & Sons		
Address Hage	rstown.	Maryland		

2. USUAL RESIDENCE (HO) (For newborn infants give res	ME) OF DECEASED:
state Maryland	County Washington
City or townCedarLar (If outside city or to	own limits, write RURAL and give nearest town)
	ural, give LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number



MEDICAL CERTIFICATION

PHYSICIAN: Please onderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;

(Include pregnancy within 3 months of death)

Accident, suicide, or homicide.....

Where did Injury occur?(City or town)

Injured at home, farm, Industry, public place (where?)

Injured at work? Meens of Injury

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00924

		100 m /	
Reg.	Dist.	No. 202	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washinston	State Ld.
County Hagerstown City or town (If outside city or town limits, write RURAL and give nearest town)	II a sea sea to a sea
How long in above place of death? 16 Years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: 16 Randolph Ave.	Street No. 16 Randolph Ave.
How long In hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
LeRoy Hays	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male whtie divorced	20. DATE DF DEATH January 21, 1947 at 9:30p m
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
1. Birth date of Sentember 17 1870	Tet. 25 - 1946 10 Jan. 21, 1947
1. Birth date of September 17, 1870	and that I last saw h furtailive on Jack 21, 1947
8. AGE: Years Monthe Days If lese than one day	Immediate cause of death DURATION
76 4 4hrsmin.	Hirland
9. Birthplace Hagerstown, Wash, Co., Md. (Town, county, and state)	Due to.
	towest oc
1D. Usual occupation none	Due to Stepper to fine & Risate
11, industry or business	
# 12 Name Wilson L. Hays 13 Birthplace Frederick County, Md.	Dither conditions from the first file of the file of t
	(Include pregnancy within 8 months of death)
14. Malden name. Susanne Recher 15. Birthplace Frederick County, Md.	Major findings of operations. Desclean of Prolete.
	Date of op.T.
16. Informant Ar. Chester Hays	PHYStCIAN: Please underline the cause to which death should he charged statistically.
Address Hagerstown, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. burial Date thereof 1-24-47 (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery	
Location Hagerstown, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Scott F. Minnich & Son	Meane of Injury tnjured at work?
Address Hagerstown, Md.	II, House poge
10 110 1	23. SIGNATURE M. D. 97jother
19 5255, Z4 19 47 Chalfthouses, Registrar	Address Date signed Date Signed Date 32, 4

JAN 27 1947 BURLATT 8

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CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Vashington	Washington Washington
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 3 years	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 31 Wayside Ave
31 wayside Ave	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) 11 veteran, name warNOD.@
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. /Margaret Catherine Jacobs	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION D
Fenale White larried	20. DATE DF DEATH January 1 1947 19 4.45 M
6,(b) Name of husband or wife. John K.	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	January 1, 1947 10 Jan, 1, 1947
7. Birth date of	and that I last saw h. A. ff. alive on
deceased (mo., dey, yr.) NOVEMBER 8 1875	Immediate cause of dath
o. Auc.	
71 1 23hrsmin.	Cerebral hemortage / day
9. Sirthplace Marion Franklin Co. Pa.s. (Town, county, and state)	Due to
1D. Usual occupation Housewife	
11. Industry or business Own Home	Due to
THE THE STATE OF T	Other conditions arterioselerous
12. Hame Conrad Peiffer 13. Birthplace Marion Pa.	(Include fregnancy wishin 3 months of death)
單 14. Maiden name Susanna Wingert	Manadan Adam tan
14. Maiden name Susanna Wingert 15. Birthplace Narion Pa.	major mudings of yerados
	Date of op.
16. Informant John K. Jacobs	Autopsy results
Address Hagerstown Md.	22. VIOLENCE: 11 death was due to external causes fill in the following;
Burial (Burial, cremation, or removal, Which?) Date thereof /3/46 (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Cemetery or crematory. Long leadows Cemetery	Where did injury occur?
Location near Hagerstown Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Andrew K. Coffnan	Means of Injury Injured at work?
Address, Hagerstown Md.	22 CIANATURE Kaldele
19. Jan 2 1947 Claset Bowers (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. Control M.

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UNFADING INK. Supply every item of information carefully. The cant, Physicians: please write the causes of death clearly and legibly,

especially PLAINLY, is especially

PLEASE



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No. 3 6 20

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	marile Illande de
City or town.	State County County County
(If outside city or town limits, well RURAL and give nearest town)	City or town Orage Calabara
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
+2/1. Jouatlan Steet	Street No. Tall (If ryal, give LOCATION)
How long In hospital or Institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Caron Johnson	
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male negro Single	20. DATE OF DEATH # Gby 3 1947 21 // /3 M
	21. I CERTIFY that death occurred on the dale above stated: that lattended deceased from
6.(b) Name of hueband or wife	Ja 1 194) 10 31 1941
5, (c) It alive, give age years	and that Mast eew h. Amalive on Ata 131 1947
deceased (mo., dey, yr.)	
8. AGE: Yeare Months Days It less than one day	70 0 1
7 ()hrsmin.	Cre 100 Leurel Logy
9. Birthplace. Masure (Town, county, angitute)	Duce to
Name stide	590
1D. Usual occupation	Due,to/
11. Industry or buelnese	Hay Jew Eugen
12. Name Seton Jahnsan	Bther conditions
13. Birtholace markanshura, W. Ya.	Cliving Myschold
× 1000	(Include pregnancy within 3 months of death)
된 14. Maiden name	Major fiediogs of operations.
15. Birthplace	Date of op.
Vanneral Whale	Aotopsy results
16. Informant All 2 7 2 (H)	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address 4 de 1 1. January	22, VIOLENCE: It death was due to external causes, fill in the tollowing:
17 Buidl Date thoroot 2 13/47	Accident, suicide, or homicide
(Burial, cremation, or reproval. Which?) (month) diay (year)	
Cemetery or grematory that and a content of the con	Where did Injury occur?
Location Hagerslaw, ma	Injured al home, tarm, Industry, public place (where?)
Mr. Il' and It Havere	Meens of Injury Injured at work?
19. Funeral director. If M. W. W. T. T. A. C. W. T.	1131
Address & 9 / Friedrick St Hagerstown	1 1 satte
Feb 3 167 RELAHIBRONAR	23. SIGHATURE
19. (Date rec'd by registrar) Registrar	Address Date eigned 2/1/4)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

X	Reg.	Diat.	No.	3	8	2_
9 .						

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County WASHINGTON	(For newborn infanta give residence of mother)
	State MARYLAND COUNTY WASHINGTON
	City or lown HAGERS TOWN
How long in above piece of deathr	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street eddress where deeth occurred:	Street No. 301 SUMMIT HVE.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, neme wer NONE
3. (a) FULL NAME	3. (b) Social Security Number
SARAH ALICE V	ONES NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE INLIAMED	25 147 3°5
1 CHALE VIAIL VIOUNZO	ZU. DATE UP DEATH
6.(b) Name of husband or wife IVERSON S. JONES	21. I CERTIFY thet death occurred on the dete store eleted; thet attended deceeeed from
A A Mallar allower	January 14 104 10 January 18 10 47
7. Sirth dete of / / / / / / / / / / / / / / / / / /	and that Hast eew h ly elive on 19 4
decessed (mo., dey, yr.) JOLY // 1030	Immediaja causo of death
8. AGE: Yeers Months Days If less than one dey	P A L
88 6 /8min.	Crume newsmage 14147
& Richard MAUGANSVILLE, WASH, MD.	Due 10
(Town, county and state)	
10. Usuel occupation HOUSEWIFE	B . 1
11, industry or business	Due to.
	1 Darway hy fertingin
12. Name JOHN HAUSE 13. 8irthplace MARYLAND	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name MARY MAGOALINE MACGANS 15. Birthplace MARYLAND.	Major findings of operations.
15, 8irthplace OMARYCAND.	
2 15. Simplace	Dete of op.
16. Informant Ama Source	Autopsy results
Address (301 Supposed and City	
BUDIE (1011) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If deeth was due to externel couses, fill in the following:
(Burial, cremation, or removal, Which?) Dete thereof (day) (year)	Accident, evicide, or homicide
Cemetery of -completely CHURCH OF THE BRETHERN	Where did injury occur?
ROMAN ENDOUND MA	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director Woodford I Morganen	Meane of Injury tnjured et work?
Address Hager Stown, Md.	(ID) In us sont mot
AUDICA / VIGO CONTROL OF A CONT	23. SIGNTURE M. D. or,other
19 Jan. 28. 14/ Graff Jowers	to ou a lidary) (800 1/27/4)
19. (Date rec'd by registrar) Registrar	Address Date signed

JAN 30 1947
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2411 N. Charles St., Baltimore

	Dr. Prather /82
LTH	00928
	A. r.

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CERT		LA	1.	() F.	DEA	

Reg. Dist. No. 302

City or town	ers town death?	limits, write R	:	State town 12.10. Co	f mother) ounty	earest town)
3. (a) FULL NAME	2 (7) (7)	37770			3. (b) Social Security	Number
			IE CAMERON KEE		None	
4. Sex	i. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Fenale	White	Wide	owed	20. DATE OF DEATH January	20 19.4.7	
6.(b) Name of husband or			ther ther it alive, give age *** yes	19	36 g /an	20 1947
7. Birth date of deceased (mo., day, yr.)	March	11, 1	1864	and that i last saw halfalive on		
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		. DURATION
82	10	9	hrs. m	in. Carolia hours	orlings	Iday
10. Usual occupation	Housew Own Ho	ife ne	ison Co. Tenne	Due fo		10710
13. Birthplace	Philade	lphia	Penna.	(tnclude pregnancy within 3	months of death)	
14. Maiden name	aggie	Camero	n	Major findings of operations		
15. Birthplace N	ashvill	e Tenr	1,	Major anglass of operations		
16 Informant LiT	a. Marv	K. Fo	okler	Antopsy results.		
	gerstow			PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
17 Burial (Burisl, cremation, o	removal, Which	Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external comments. Accident, suicide, or homicide	Date of	
Location Hage	stown	Na				
18. Funeral director. A				Msans of Injury	Injured at work?	
Address Hage				151	el.	
19 Jan. 2	2, 4	7 /68	East Bowers	23. SIGNATURE	M. D. Date signed	1/22/4

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, v is especially

important.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	ATE OF DEATH Reg. Diat. No. 302
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town. (If outside city of town-imits, write BURAL and the nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
Row long in hospital or institution? 3. (a) FULL NAME	3. (b) Social Security Number
John Foster Lake	212-14-7280
1. Sex Color or race (\$\langle (a)\) Single, married, widowed, or divorced Married S.(b) Name of husband or wife. Such a Married Market	20. DATE OF DEATH
7. Birth date of deceased (mo., dsy, yr.) 8. AGE: Years Months Days If less than one day 7. Birth date of deceased (mo., dsy, yr.) 8. AGE: Months Days If less than one day 7. Birth date of deceased (mo., dsy, yr.) 8. AGE: Months Days If less than one day	ars and that I last saw h
9. Birthplace Pennsylvania (Town (yunty, and atate) 10. Usual occupation Autor	Due to
11. Industry or business 12. Name Lange Lake 13. Sirthplace Pa.	Other conditions arrange within 3 months of death)
14. Maiden name Mahalu Uaraw 15. Birthplace	Major findings ol operations
16. Informant Mrs. Julia M. Rake	Antopsy results
Address 17. Burial, cremation, or removal. Which?) Date thereof. (month), (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or gramatory was stown. M. d.	Where did injury occur?
18. Funeral director William A Drawners	Means of Injury Injured at work?
Address 291 Fredrick et Hageistour	- I. Nor Duullen
19 Law 14, 1947 Pleast Bower ((Date red by registrar) Registr	23. SIGNATURE M. D. or other 131 W. WASHINGTON, ST. Date signed 194

JAN 16 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	me Messelment
City or town	State County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 1001 Wamillon Blod.
1001 Hamilton Blod.	Street No
How long in hospital or institutton?	2.(a) If veteran, name war
3. (a) FULL NAME	3 (b) Social Security Number
Mary B. Lis	4
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fernale white Single	20. DATE OF DEATH. Jan. 171 1947 at 6:05/Fm
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
	100. 1956, to fau. 17, 1947
7. Birth date of deceased (mo., day, yr.) March 10, 1872	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
o, nos.	Aypereneve larges
74 10 7hrs.	1. Ocealar desert gang
9. Birthplace Way mes bers Pa.	Due to.
(Town, county, and state)	Caraco Carech
10. Usual occupation. Alekand accused	Due to.
11. Industry or business Doversment Complexes	
12 Namo IJ Frank Lidy	Other conditions
12. Namo Frank Lidy 13. Birthplace Franklin Co- Va.	
	(Include pregpancy within 8 months of death)
14. Maiden name Elizabeth Dicket 15. Birthplace Hayne love Pa	Major fisdings of operations houl
15. Birthplace Hayne love. Va	Date of op.
18. Informan Mrs Rose L. Rim	Autopsy results 20
18. Informani J. J. C. J. A. T. J.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 100 / Hamilia Ded. Hagetta Mr.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	~ \
	Accident, suicide, or homicide
Cemetery or crematory Addesse Rell Censulty	Where did injury occur? (City or town) (County) (State)
Location May Malera Pa	Injured at home, farm, Industry, public place (where?)
18. Funeral director Malta If Here	Means of Injury Injured at work?
120 10 10 10/2 1 1	1. b/ (1,000)
Address 2/1. Chutche the May Kestero,	23. SIGNATURE WINDOWAND JOSEPH
19 Jan. 17, 1941 West theower	M. D. or other
(Date rec'd by registrar) Regist	Address Address Date signed All

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		1 1			OI.		

Reg. Dist. No. 362

PLACE OF DEATH:0	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Washington	(For newborn infants give residence of mother)
City or town	State Manyand County Washington
	City or town Hagerstown
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1.004 The Jerrace
Utash Co. 72 mistal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Muy Kon	q. None.
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE DE DEATH Janc. 6 19.47 at 2.30 A.N
1	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife and Change	Jan 19 1 9 3 9 10 1 1 6 19 4 7
6.(c) If alive, give ageyears	
deceased (mo., day, yr.)	and that I last saw h. C.4.4 alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
m F 2	astrois cleve his Healt This en 8 yro-
39 3 3hrsmin.	Coursties Stress Failure 6 mp.
9. Birthplace Beaum Creek Wash Cs. md	Due to.
(Town, county, and state)	Due 10
10. Usual occupation Contractor	
	Oue to
11. Industry or business Dennal Cornelineliste, Know Bldg	
12. Name to he W. Kong	Other conditions
12. Name. John W. Long Carroll Co. md.	
	(Include pregnancy within 8 months of death)
14. Maiden name Correlia Strangle Biship	Major findings of operations
14. Maiden name Omelia Spangle Biship 15. Birthplace Allertan Penna	
7 7 7	Date of op.
18. Informant 11/10 toward toward toward	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1004 The Terrace Hagerston Md.	PHISICIAM: Please underline the cause to which death buould be charged watthickary.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Oate thereof: OAAAAAA (month) (day) (year)	Accident, suicide, or homicide
0 0 1	Where did injury occur?
Cemetery or crematory	Where did injury occur?
Location Deneurala Mad.	Injured at home, farm, Industry, public place (where?)
18. Funeral director UM 3. 13ad 4 Sous	Means of Injury Injured at work?
Address Boursons md.	Do CIONIVIDE John At Hombaker In. To.
Jan. 7. 49 Chast Bruser	M. D. or other
(Date rec'd by registrar) Registrar	Addrass 15 of we washington Je Date signed 1/6/47



PLEASE WRITE PLAINLY, '

MARYLAND STATE DEPARTMENT OF HEALTH & Dr. Hornbaker

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		46039
1	1	Reg. Diat. No. 302
77	-	Reg. Dist. No.

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME				3. (b) Social Security Number	
		IELD LUCE		None	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced			MEDICAL CERTIFICATION		
Male	Whi te	Married		1, 47, 11 P	
6.(b) Name of husband or wife Elizabeth V. Luce 6.(c) If alive, give age 60 years 7. Birth date of Nomeob 18 1896			duly 27 19.3	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, y	March	18, 1886	aed that I last saw halive on	Jau. 31 19 47	
8. AGE: Years	Months 10	Days If less than one day 11	Impolinio cause of death Sroucko gruis Corkiis luss g.	once right about i's	
9. Birthplace			Due to		
E 12 Name Calvin G. Luce			This In the words	hes about 24	
13. Birthplace Springfield, Ohio			Hor etrasive Cardine	escular Bistan 8 cm.	
14. Malden name Elizabeth V. Starkey 15. Birthplace Springfield, Ohio			Major findings of operations.	nonths of death) Date of op 8128146	
16. Informant Mrs. Elizabeth V. Luce Address Hagerstown Md.				PHYStCtAN: Please underline the cause to which death should be charged statistically.	
17. Burial Date thereof 2/3/47 (month) (day) (year)			22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Green Hill Cemetery			Where did injury occur?	(County) (State)	
Location Berryville Virgina			injured at home, farm, industry, public place (where?)		
18. Funeral directorAndrewKCoffman			Msens of Injury	tnjured at work?	
Address Ha	gerstown	Md.	23. SIGNATURE John STJ+	re Cupre h. To.	
Date rec'd by res	1, 19 4 7	Chart Hower	23. SIGNATURE 154 LV. Was Ru Address. John Color Structure	M. D. or other M. D. or other M. D. or other	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Dist. No. 36	ä

City or town	ashing to a service of the service o	mits, write R 3 Year death occurred	Hospital	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r State Maryland City or town Hagers town (If outside city or town limits, 221 W Howard Street No. (If rural, give 2.(a) If veteran, name war.	mother) Na shington , write RURAL and give nearest town) Sta
3. (a) FULL NAME	John	n Samu	iel Mathna		3. (b) Social Security Number 219-12-1903
4. Sex Male	5. Color or race White	8.(a)Singi	e, married, widowed, or divorced Married	MEDICAL CE 20. DATE DF DEATH Jan. 16, 1	ertification 947 19 4:30 A.
7. Birth date of deceased (mo., day, y		6.(e) It alive, give ageyears	21. I CERTIFY that death occurred on the date about 19.2 and that I last saw h	ye sland; that I strended deceased from 19 19 DURATION
10. Usual occupation 11. Industry or business 12. Name	Merchant	county, and	, Pa.	Due to Due to Dther conditions	
14. Maiden name 15. Birthplace	Penna.		nic	(Include pregnancy within 3 m	
Address 22: 17. Buria (Burial, eremation Cemetery or cremato Location	l W. Howal or removal Which? Rest Hagerst Fred	Date ther Haver Own, I	iss	Autopsy results	ses, fill in the following: Date ot
Address 19 (Date rec'd by re	8. 1947	6)	east Bower V	23. SIGNATUR Address.	w Nate (igned a 16)

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Dr. Wells 0(934

Reg. Dist.	No. 302
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			2411 N. Cha	arlea St., Baltimore	Ha	11 334
			CERTIFICA	TE OF DEATH	1.0	No. 302
City or town	perstown utside etty or town lix of death? 3 W street address where detty Co. J	eeks leath occurred ail	URAL and give nearest town)	City or iown	Couply Washin	
3. (a) FULL NAME	3					Security Number
4. Sex Male	S. Color or race White or wite Lula	6.(a)Single	McCURDY e, married, widowed, or divorced vorced	20. DATE OF DEATHJ.anus	ETY 13,	1947at8PM ended decessed from
7. Birth dats of			e) It alive, give ageye	ars and that I last saw halive o		
deceased (mo., dey, y		Days	.6, 1898	Immediate cause of death		
11. Industry or bueinses 12. Name	Laborer Statto harles Mo McConnel Etts Su McConnel hrs Lula gerstown	n Furdy lsbur lsbur lsbur McGur Md.		Due to	Date of cause to which death should be of cause to which death should be of external causes, till in the tollow	e charged statistically.
Cemetery or cremato Location		ill C Md. Cof	lenetery	Where did Injury occur?(Cit	ty or town) (County blic place (where?)	
19 (Date rec'd by re	15 47	19	ast Bowers	23. SIGNATURE		M. D. M.

	3. (b) Social Security Number 213-16-1350
MEDICAL OF	RTIFICATION
20. DATE OF DEATH January 1:	3 , 19 47 at 8P
21. I CERTIFY that death occurred on the date above	e stated; that I attended decessed from
	10
and that I last saw halive on	
Immediate cause of death	DURATION
Due to	onths of death)
22. VIOLENCE: tf death was sue to external cause Accident, aulcide, or homicide.	ee, till in the tollowing:
	(County) (State)
injured at home, farm, industry, public place (wh	ere?)
Meane of Injury	Injured at work?
23. SIGNATALE Holder & W	ello DEPITY MEDICAL SUN

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

OF DEATH

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

00935

county Washington

	00				
			2	1	1
Reg.	Dist.	No.	3	0	2

		CERTIFICAT	E OF DEATH			
1. PLACE OF DEAT			2. USUAL RESIDENCE			
County	(For newborn infants					
City or fown Hager	stown, I	Maryland	state Maryland City or town Hage (If outside			
How long in above place of Hospital, institution, or str	City or fown Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 2102 Lexington Avenue					
How long in hospital or in	stitution?		2.(a) If veteran, name war			
3. (a) FULL NAME						
	Levi E	dward Moore				
4. Sex 5	. Color or race	6.(a)Single, married, widowed, or divorced	M			
Male	White	Single	20. DATE DF DEATH.			
			21. I CERTIFY that doubt occu			
6.(b) Name of husband or	wife		June 4. 1			
7. Birth date of			and that I last saw h. A. A.			
deceased (mo., day, yr.)	Octobe	r 15, 1870	Immediate cause of death			
8. AGE: Years	Months	Days if less Ihan one day	O 1			
76	3	7 hrs min.	cuter			
a Sighniage Moor	esville	, Wash. Co. Md.	Due to			
	(Town, ec	ounty, and state)				
10. Usual occupation	detired .	farmer	Due fo			
11. Industry or business						
12. Name	saac Moo	re le, Maryland	Other conditions			
			(Include pr			
14. Malden name	ad Liua I	WILLS	Major findings of operations			
2 15. Birthplace	Parkhead	, Maryland				
16. Informant	Shelton I	Mills , Maryland Hetzer	Autupsy results			
Address Hg	agerstown	n, Maryland	PHYSICIAN: Please underli			
Burial (Burial)		3 05 47	22. VIOLENCE: If death was Accident, suicide, or homicide			
Cemetery or crematory.	Rose H	ill Cemetery	Where did injury occur?			
Location Hag	gerstown	, Maryland	Injured at home, farm, Indust			
18 Funeral dispeter	. M. Su	ter & Sons	Means of injury			
		Maryland	(1) X			
77		Beach Sowers,	23. SIGNATURE			

City or town Hagerstown (If outside city or town limits,	write RURAL and give neares	it town)
Street No. 2102 Lexington		
(If rural, give L		••••••
2.(a) If veteran, name war		
	3. (b) Social Security Nu	mber
	None	
MEDICAL CE	RTIFICATION	
^		carret
20. DATE OF DEATH	1947.	3.05 m
21. I CERTIFY that death occurred on the date above	stated; that halfended decease	d from
June 4, 1937 12	lo Jan.	19 /
and that I last saw h. A. A. Cilve on	4022,	
Immedisio cause ol death		DURATION
artereneler		1040-1
	-07-5	
Due to	***************************************	

Due fo		
31 0 (3		
Dther conditions		
Street conditions		
(Include pregnancy within 3 me	onths of death)	
Major findings of operations.		
	Date of op.	
Autupsy results.	***************************************	
PHYSICIAN: Please underline the cause tu which	ch death should be charged sta	tistically.
22. VIOLENCE: If death was due to external cause	es, fill in the following:	
Accident, suicide, or homicide	Date of	X
Where did injury occur?	(County) (State)
Injured at home, farm, Industry, public place (whe	re?)	
Means of injury	tnjured at work?	
1 1/ On	2 - 00	
23. SIGNATURE W HOURS	09-	- A b
Addre Hagerstoriu,	Date signed	4.23,144

JAN 27 1947
BUHEA

Reg. Diat. No. 302 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) Maryland (if outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Washington County Home Hospital, Institution, or street address where death occurred: Route # at city Limits (If rural, give LOCATION) How long in hospital or institution?.... 3. (b) Social Security Number 3. (a) FULL NAME Charles Webester Morningstar None 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 4. Sex Jan. 4 5:30P White Male 21 I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife..... March 29, 1874 deceased (mo., day, yr.) 8. AGE: Years 72 open fracture of skull 9. Birthplace Union Bridge Maryland (Town county, and state) closed fracture of left Retired humerus 10. Usual occupation. open fractures of rt &left 11. Industry or business tibias & fibulae Joseph K. Morningstar 12. Name hemorrgahe & shock (Include pregnancy within 3 months of death) Marvland 13. Birthpiace 14. Malden name Mary Ellen Saylor Major findings of operations..... 15. Birthplace Maryland 16. Informant Mrs. Ryelyn E. Harmison PHYSICIAN: Please underline the cause to which death should be charged statistically. Reading , Pa. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date Jan/4/47 Accident, suicide, or homicide accident 17. Burial
(Burlal, cremation, or removal, Which?) Whera did injury occur? Hagerstown Wash Mgao Cemetery or crematory Rose Hill Cemetery tnjured at home, farm, industry, public place (while ddleburg Pike Hagerstown, Md. Means of Injury struck by auto Injured at work? Fred W. Kraiss WASH, CO., MD. Hagerstown. Md. 23. SIGNATURE

RESERVED MARGIN PLAINLY, is especially WRITE

PLEASE

(Date rec'd by registrar)

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death



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(10937 Reg. Dist. No. 3020

City or town	ington erstown utside city or town I of death? Ent street address where N. Cann	imits, write H ire L death occurred on Ave	9	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State. Maryland collists of town limit (If outside city or town limit Street No. 316 N. Cant (If rural, give 2.(a) If veteran, name war.	mother) puty - Washing s. write RURAL and give n non Ave. c LOCATION)	earest town)
3. (a) FULL NAME					3. (b) Social Securit	y Number
	Helen C	orinn	e Mowen		No	ne
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced		ERTIFICATION	
F	W		Single	2D. DATE OF DEATH	1/2/ 19.47	1 10:3 P
7. 8irth date of	***************************************	6.(e) If alive, give ageyears	21. I CERTIFY that death occurred on the date ab	ove stated; that I atlended de	19
8. AGE: Years		Days	7 1 C. If less than one day	Immediate cause of death Muchiple Acle		DURATION
34	9	18	hrsmln.		10000	yrero
1D. Usual occupation 11. Industry or business	None	***************************************	nington Co., Md	Due to		
	agerstow Elizabe Oskaloo	n, Md. th He sa. I	len Smith	(Include pregnancy within 3		
16 Informant E	. Helen	Mowen		Antopsy results.	a. a	
	16 N. Ca			PHYSICIAN: Please underline the cause to w	thich death should be charge	d statistically.
17Bur	ial or removal. Which?	Date there	Jan. 25,1947 (month) (day) (year) Cemetery	22. VfOLENCE: If death was due to external car Accident, suicide, or homicide	Date of	
Location	Hagers	town,	Md.	injured at home, farm, industry, public place (w	where?)	
18. Funeral director				Vinto Miller	Injured at work?	
Date rec'd by res		1	East Bowers,	7 23. SIGNATURED R. MICTOR S. M. I. 191 W. WASHINGTON	N. 31.	,

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JAN 27 1947

BURDAULA

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of informal carefully is especially important. Physicians: please write the causes of death clearly and the cause of death clearly and death

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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0		Reg. Diat. No.

City or town(If How long in above plec Hospitei, Institution, o Washingt	Hagerst outside city or town! e of deeth? 10 r street eddrees where con Count	eton own imits, write RURAL and give nearest town) de ys deeth occurred: y Hospital O de ys	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stete		
3. (a) FULL NAM	E Ro	nald Lee Mummert	3. (b) Social Security Number		
Male Male	5. Color or rece White	8.(a)Single, merried, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 26., 1947. 1912: 15. A		
6.(b) Name of huebend 7. Birth date of deceeed (mo., day,	Tan		21. I CERTIFY thet death occurred on the dete above stated; that Lattended deceased from		
	erstown (Town,	Deys If less then one day 10 hrs. m - Wash. Md.e. county, and state) None	n. Sindel Intestitue 10day Due to Legenne - Closent Duo to.		
12. Name	awrence Welsh R Gladys Clear S awrence	pring, Nd. M. Mummert	Other conditions (Include pregnapsy within 3 months of death) Major findings of operations. Dete of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17Bur (Burial, cremation Cemetery or cremation Location	lea Clea	Dete thereof Jane 26, 19 (month) (day) (year) Paul's Cemetery r Spring, Ld.	22. VIOLENCE: It deeth was due to external ceuees, till in the following;		
Address Date rec'd by r	Hagers 6 19 47	town, Md.	23. SIGNATURE David P. Brewer M.D. or other Lacy Clear Spring Mobele signed 1/26/47		



ADING INK. Supply every item of informa, carefully Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Dr. Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DE	ATH: Washi	eton		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
			R.F.D.4	State Maryland Cou		gton
(If c	outside city or town l	mits, write R	URAL and give nearest town)	City or town. Cearfoss (If outside city or town limits		***************************************
How long in above place	of death?	death occurred	Years			
	Hospital, institution, or street address where death occurred: Cearfoss, Id.			Street No. Cearfoss&Br	LOCATION)	Deon
How long in hospital or				2.(a) If veteran, name war		**********
3. (a) FULL NAM					3. (b) Social Security	Number
	Lewis Fra	anklin	Murrey		None	
4. Sex	5. Color or racs	6.(a)Single	, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	3	Widower	20. DATE OF DEATH Januar	y 29 1s 4	7, 10;30
6.(b) Name of husband	or wife	Ella		21. I CERTIFY that death occurred on the data abo	ovs slated; that Lattended dec	eased from
) It alive, give ageyears	and that I last saw transmissalive on	19-9-200 2	9-40/
7. 8irth date of deceased (mo., day,)	177 - 7		, 1864			19
8. AGE: Years		Bays	It less than one day	Immediate cause of death		BURATION
82	11	24	min.	_		**
a Bushalana Ca	earfoss.	ashin	gton Co. Id.	Bus to Che. Myoung	400	342
9. Birthplace	(Town,	county, and s	tate)			
1D. Usual occupation				Due to.	•••••	
11. industry or busines		tierd		alun relia		
12. Name				Other conditions		•
			Maryland	(Include pregnancy within 8 a	months of death)	
14. Maiden name.	Susan	Lower		Major findings of operations		
HLOW 15. Birthplace	Ceari	oss,	Maryland.	Major findings of operations.		
16. Intermant	John V	Pal	mer	Autopoy results		
Address	Hagersto	wn. R	,#4	PHYSICIAN: Please underline the cause to w		statistically.
17. Buris (Burial, cremation	or removal. Which?	Dats there	Jan. 37/47 (month) (day) (year)	22. VIOLENCE: It death was dus to external cau Accident, suicide, or homicide		
Cemetery or cremato	y Broadt	ordin	g, Cemetery	Whers did injury occur?(City or town)	(County)	(State)
Location	Broadi	ordin	d. Maryland	Injured at home, farm, Industry, public place (w	hers?)	
18. Funeral director	Andre	w K.	Coffman	Means of Injury	Injured at work?	
Address			Maryland /	5/1/6	2/15	
Chang 2	A. 117	Ry	as HA revers	23. SIGNATURE	M. D.	or other
Date rec'd by re	gistrar)	7	Registrar	Address Address	Date signed	1-1/43
				/		, ,

FEB 1 1947

1-50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00940

CERTIFICAT	TE OF DEATH Reg. Dist. No. 302
1. PLACE OF DEATH: . County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Stole Plana Pounty Montager
City or fown(1f out-yie city or town limits, write RURAL and give nearest town)	Donaille.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME ANNA BIRK	OLSEN 3. (b) Social Security Number NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemak White Married	20. DATE OF DEATH
6.(b) Name of husband or wife hawrence Clsex 6.(c) It alive, give age 82 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 26, 1867	and that I last saw haalive on
8. AGE: Years Months Days If less than one day	Immediais cause of death Caralaa Vesanear DURATION disease Heasen plagia 6 days.
19 3hrsmin.	
9. Birthplace	Due to Chatera Sclenasia Jacks
10. Usual occupation	Due to
11. Industry or business	0 1 4 4 4 4
12. Name Christian Birk 13. Birthplace Deumark	Other conditions Carecion of steg to T breast
	(Include pregnancy within 3 months of death)
14. Maiden name Katrina Sargenfry 15. Birthplace Senmark	Major findings of operations
16. Informant X Sauvence Slow	Antopsy results
Address Sandylie Vymas	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereol (month) (duy) (year)	Accident, suicide, or homicide
Cemetery or cromatory Mest Haven	Where did Injury occur?
Location Hagerslown III.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Hagerslown, Ma.	23. SIGNATURE TO Case parel
19. Jan. 34 1947 William Registrar Registrar	Address 145 M. Hashington St Date signed keer 4 2/

JAN 6 1947 BUREAU V 8

PLEASE

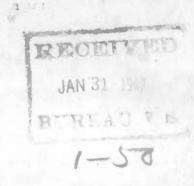
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No. 302

1. PLACE OF DE	ATH:		·	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:		
County	47487 145	Tingro	7]	state Maryland county Washington			
City or town. Hagerstown. Maryland (If outside city or town limits, write RURAL and give nearest town)							
How long in above plac	e of death?	34 yea	rs	City or town St James Ma	is, write RURAL and give near	est town)	
Hospital, Institution, o	r street address where	death occurre	l:	Street No.			
Washing				(If rural, give	e LOCATION)		
How long in hospital of	r Institution?	days.	······································	2.(a) If veteran, name war	••••••		
3. (a) FULL NAM	E				3. (b) Social Security N	lumber	
	Evely	nne Ri	chardson Onder	lonk	None		
4. Sex	5. Color or race	B.(a)Sing	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Female	White	Ma	rried	20. DATE OF DEATH 27	19 4 7	at 10 R M	
8 (A) Name of husband	a wis Adria	n H. C	nderdonk	21. I CERTIFY that death occurred on the date abo	ove slated; that I attended deceas	sed from	
g.(c) hame of hospania	of which.		69	dan 3 19	47 , 10 dan 27	19.4.7	
7. Birth date of	Ananat		c) If alive, give age99years	and that I last saw he allve on	n 26	19.4.7	
	yr.) August	Days	If less than one day	Immediate cause of death		DURATION	
8. AGE: Year		3		Myscardial F	ailune	24days	
		1	hrs,min.	V			
9. BirthplaceMi.	ddletown	Conr		Due to arterios clero	lie Weard	***************************************	
			itate)	Disea	20	*******************	
10. Usual occupation.	TORSE	MITC	••••••••••	Due to			
11. Industry or busines	18						
12. Name D.T.	. Willia	n C. i	Richardson	Other conditions			
13. Birthplace	Auburn.	New Y	ork				
Malden name	Maude	Stanle	У	(Include pregnancy within 8 months of death)			
LOV 45 Blathalana	Auburn.	New Y	ork	Major findings of operations			
14. Malden name Maude Stanley 15. Birthplace Auburn, New York Adrian Onderdonk, Jr.					Date of op		
16 Informant Adrian Onderdonk, Jr.			IIIK, UI'.	Autopsy results			
Address St.	James.	Maryla	ind	22. VIOLENCE: If death was due to external car			
17. Burial		. Date ther	eof 1-29-47				
			, , , , , , , , , , , , , , , , , , , ,	Accident, suicide, or homicide			
	ory St. Ma			Where did injury occur?(City or town)	(County)	(State)	
	pans, Ma			Injured at home, farm, Industry, public place (w			
18. Funeral director	C. M. S	uter 8	Sons	Means of Injury	Injured at work?		
Address Ha	gerstown	, Mar	yland	22 SIGNATURE ROPERS U.	P. Campbe	ll m D	
19 (Date rec'd by re	29, 1947	lok.	apf Bowers	Address Hagenstour	M. D. or	other 28/47	
4							



WRITE PLAINLY, WILT UNFADING INK. Supply every item of information carefully. The correct a is especially important. Physicians: please write the causes of death clearly and legibly...

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH X

00942

2411 N. Charles St., Baltimore T.E. V. CERTIFICATE OF DEATH

JL.	4				
	1	Reg.	Diat.	No.	

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Paneratoum	State Md. County Wash.
City or town	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John C. O'Neal	•••
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. OATE OF OEATH January 20, 1947 21 7:20am
6.(b) Name of husband or wifemma Florence O' Neal	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. 8 irth date of Tanker 24 7 0776	
7. Sirth date of deceased (mo., day, yr.) July 24, 1876	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
70 5 26hrsmin.	www restate 3 ps
9. Birthplace Boonsboro, Wash, Co., Md.	Oue to
Frinter	
10. Usual occupation U. S. Government	Oue to
11. Industry or business	
12. Name Joseph O'Neal Unknown	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Clara Keedy	
14. Maiden name. Clara Keedy 15. Sirthplace Unknown	Major findings of operations
	- Oate of op.
16. Informant Mrs. Emma O'Neal	Autupsy results
Address Funkstown, Md.	
burial detailered 1-22-47	22. VIOLENCE: If death was due to external causes, filt in the following;
17. burial (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Boonsboro Cemetery	Where did injury occur?
Location Boonsboro, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Scott F. Minnich & Son	Means of Injury Injured at work?
Address Hagerstown, Md.	I dres novester mo
11 .0 106.0110	23. SIGNAL M. D. or other
19 Mate ree'd by registrar) Registrar Registrar	Address who down ord Oate signed 1/21/47





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00944

基	1				2	100	
		Reg.	Dist.	No.		 	,

CERTIFICAT	TE OF DEATH Reg. Dist. No.
X. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Herriegleanin County Cumbachand
(If butside city or town limits, write RURAL and give nearest town)	A Parad
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No. M. & Chaul Straig K. 4
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Benjamin - nauklin	Ralp none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Divorced	20. DATE OF DEATH Jamany 15 19 47 at 2P.
8.(b) Name of husband or wife alice - 2	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0 (a) If allow when you	Nept 15 1946 10 fan 15 1941
7. Sirth date of deceased (mo., day, yr.) Settenbur 14 - 1868	and that I last saw h. m. alive on
8. AGE: Years Moths Days If less than one day	Immediate cause of death
78 4 hrsmin.	De mie Minne andelle
9. Birthplace Warmleysburg Penna	word of the second
9. Sirihplace	Due 10
10. Usual occupation Care inspector (Kittied)	Due to.
11. Industry or business Henry R. R. Co.	
12. Hame William Rapp 13. Birthplace Mar Reading Penna.	Dither condillons
14. Malden name Catherine Jortney	(Include pregnancy within 3 months of death)
14. Malden name Catherine Jortney 15. Birthplace Harrislang Penna	Major fiadings of operations.
16. Informant Mrs. Mera Sparrers	Autopsy results
0 1 1 1 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Contract of the contract of th	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Surial Barial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Carub Hill Ceruitary	Where did injury occur?(City or town) (County) (State)
Location Camb Hill Perma	Injured at home, farm, Industry, public place (where?)
18. Funeral director (UTW) =) Bart 4 Sory	Meens of Injury Injured at work?
Address Gamelous md.	Aul Polle Du D
Joonson J. J. B.	23. SIGNATURE M. D. or other
Date rec'd by registrar) Registrar	Address Boonstoro Date signed 1/15/4



UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

important.

PLEASE WRITE PLAINLY, is especially

VS A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

() () 945 Reg. Dist. No. 362

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mas chetton	State Maryland County Washington
City or town Harden Stown R + 5	City or town Hagerstown R # 5 (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 Years Hospital, institution, or street address where death occurred:	
Beards Church Road	Street No. Beards Church Road (If rural, give LOCATION)
How long in hospital or institution? None	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LRS MAUDE MINNICH REYNOLDS	None
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION P
Feamel White Married	20. DATE OF DEATH. January 14 1947 19 at 11.55
6.(b) Name of husband or wife Kemp	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
68 Name of Hybragina of Wife	19to
7. Birth date of deceased (mo., day, yr.) June 21 1874	and that I last saw halive on
8. AGE: Years Months Days if less than one day	Immediate cause of death
62 2 23hrsmin.	ante Coronary Occharing
9. Birihplace Waynesboro Franklin Co. Pa.	Due to.
	Coronary Oce lusing 1/15/46
10. Usual occupation Howsewife	Due to
11. Industry or business Own Home	
12. Name Jacob Minnich 13. Birthplace Waynesboro Pa.	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Ruthreff 15. Birthplace Greensburg Md.	Major findings of operatious
16. Informant Mr. Kenp Reynolds	Autopsy results. LO
Address Hagerstpwn Md. R # 5	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial (Burial, cremation, or removal, Which?) Oate thereot. 1/17/47 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Cemetery or crematory Millers Mennonite Cenete	TMare did injury occur?
Location near Leitersburg vd.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Meens of injury injured at work?
Hagangtown Md	Silvolar & Lacell WASH, CO., MD.
Address Hagers town made	23. SIGNIUM WASH. CO., MD.
Date rec'd by registrar) Registrar	Addres Lleganting med Date signed 185 14.7



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13

CERTIFICATE OF DEATH

00940302 Reg. Diat. No. 302

1. PLACE OF DE		<u>n</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)		
		M. Barbary P. W. San		State Maryland County Washingto	n	
Cily or town (If outside city or town limits, write RURAL and give nearest town)			nearest town)			
How long in above place	of death?6	weeks	***************************************	City or town Big Pool Rital (If outside city or town limits, write RURAL and give nearest town) Street No. Park Head Dist.		
Hospital, Institution, or			3			
		inty Hospital	1	(If rural, give LOCATION)		
		3 weeks	***************************************	2.(a) If veteran, name war		
3. (a) FULL NAM	E	Joseph Riden	our	3. (b) Social Security None	Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed	, or divorced	MEDICAL CERTIFICATION		
Male	White	Married		20. Date of Death January 27, 19479 1	2.15 0	
		Belle Rider		21 I CERTIEV that death occurred on the date shows stated: that I attended deci	eased from	
			years	Dec. 17 1146 10 Jan 2	47	
7. Birth date of deceased (mo., day,)	c Cct	tober 15, 18'	70	and that I last aaw h. malive on Jan. 27	19	
8. AGE: Years		Daya If less than on	e day	Prosmilic hyputrophy	DURATION	
76	3	12hrs.	min.			
	Do 7 4 i mana	75.3		13271377		
9. Birthplace	(Town,	eounty, and state)		Due to pakilnutra hon		
10. Usual occupation	it's mm	ng				
11. Industry or busines	2		100	Due to		
-41	IInknov	n Rideno	ar	Other conditions	** ************************************	
12. Name		nknown		Uther conditions		
	1			(Include pregnancy within 3 months of death)		
HLOW 14. Maiden name.		own		Major findings of operations frostatic hypertr	5 20 m	
		Jnknown		Oate of op. // 2	-30.46	
16, Informant	rs. Sarah	n Belle Rider	nour	Autopay results.		
Address B:	is Pool.	Md. RFD		PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
			30 104	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation	or removal. Which?	Oate thereofJan.a (month)	(day) (year)	Accident, aulcide, or homicide		
Cemetery or cremato	St. I	Paul's Cemete	ery	Where did Injury occur?	(State)	
		Wear Clear Sp		injured at home, farm, industry, public place (where?)		
Lucation	***************************************			Maans of Injury Injured at work?		
18. Funeral director		Rowland Funer	.a.Lnome	(A. Oe -		
Address	Clear Sr	ring, Md.	73	of SIGNATURE Clicke Forber Coke	~ 11	
yan.	31-1947	Chart	Tower	M. D.	omether	
() ate rec'd by re	gistrar)		Registrar	Address CCCC STATES 10161 Date signed	1-20 4/	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

930

4	0	(19	47.2011-
-	Rog.	Diat.	No. 0070

1. PLACE OF DEA	TH: Washin	gton		2. USUAL RESIDENCE (FIOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	Hanco	CK	URAL and give nearest town)	State Maryland county Washington Hancock (If outside city or town limits, write RURAL and give nearest town)			
How long in above place o Rospital, institution, or s	f death?	20	rears	(If outside city or town limits, write RURAL and give nearest town) Street No			
How long in hospital or i	nstitution?			2.(a) If veteran, name war			
3. (a) FULL NAME				3.(b) Social Security Number			
		Franc	es Gorden Ric	der NONE			
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION ?			
Female	White	119	idowed	20. DATE OF DEATH. Sau 1946, of 450 M			
			Rideryears	19 19 10 10			
deceased (mo., day, yr.	Aug.	23	1862	Immediate case of dicath DURATION			
8. AGE: Years	Months	Days	If less than one day	(crebya)			
84		2	hrsmin.	Kemorhage			
9. Birthplace	Rockin	gham eounty, and	Co. Va.	Due to			
to thevel ecounation			<u>k</u>				
11. Industry or business				Due to My ocard,			
	John W.	Ride	r	Other conditions			
13. Birthplace	Not Kno	wn		(Include pregnancy within 3 months of death)			
14. Malden name	Amanda	Keez	el				
14. Malden name	Not Kno	wn		Major findings of operations. Date of op.			
18 Informant Mr	s. Annab	ell	Miller	Autopsy results.			
	ncock. N			PHYSICIAN; Please underline the came to which death should be charged statistically.			
17 Buria (Burial, cremstion.			eof Jan. 7 1 47 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
			emetery	Where did injury occur? (City or town) (County) (State)			
LocationBer	keley Sp	ring	W.Va.	Injured at home, farm, industry, public place (where?)			
			d	Moans of injury Injured at work?			
	ancock.			() III (An al Ari I'I a)			
19. 4 - 6 - 4 (Date ree'd by reg	17.0	>	HUN VEllev Registrar	23. SIGNATURE M. D. or other. Address Date signed 1.52.4.7.			
(Date rec u ny reg	interar)		Zoeg mer al	NAME OF STREET OF STREET OF STREET			



00948

CERTIFICATE OF DEATH

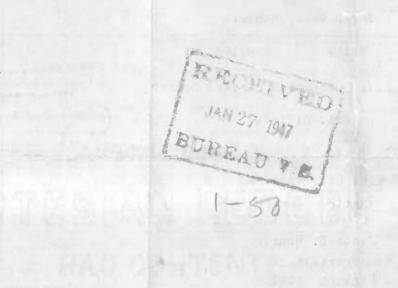
					-		-	
46		D	Disk	NI.	3	/	6	
S.	4	Reg.	Dist.	140.	*********	*****	*****	******

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Washington	(For newborn infants give residence of mother)
ity or town Rural Keedy sville (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Tash.
	City or town Rural Keedysville (If outside city or town limits, write RURAL and give nearest town)
iow long in above place of death?	
ovpries, mornialism, or show exercise the second second	Street No
long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Jacob Moody Rohrer	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	Ten 20 .47 10A
	ZD. DATE DF DEATH
6.(b) Name of husband or wifeCharlotte (Grove) Rohrer	" Service & 47 lan 20
7. Birth date of Oct. 31, 1875	and that last saw h alive on 19.
7. Birth date ot deceased (mo., day, yr.) Oct. 31,1875	Immediate cause of death DURA
8. AGE: Years Months Days It less than one day	Ol O
71 2 20hrsmi	" Chome myreadeles 59
9. Birthplace Eakles Mill-WashMd	Bue to
(Town, county, and etate)	
10. Usual occupation. Retired Farmer	Due to
11. Industry or business	
12. Name Jacob 6. Rohrer 13. Birthplace Rohrersville, Md	Dther conditions
13. Birthplace Rohrersville, Md	(Include pregnancy within 3 months of death)
14. Maiden name Barbara Wyand	
15. Birthplace Eakles Mill, Md	Major findings of operations
	Date of op.
16. Interment Mrs. C. Grove Rohrer	Autopsy results
Address Keedysville, Md	22. VIOLENCE: It death was due to external causes, till in the tollowing;
Burial Burial Date thereof Jan. 22194' (month) (day) (year)	
(Burlal, cremation, or removal, Whieh?) (month) (day) (year)	
Rohnemaville	Where did injury occur?
Cemetery or crematory Rohrersville	
Commetery or crematory Rohrersville Location Rohrersville, Md.	Injured at home, tarm, Industry, public place (where?)
	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work?
Location Rohrersville, Md. 18. Funaral director R. I. Earnshaw	Means of injury Injured at work?
Location Rohrersville, Md.	Means of injury Injured at work?

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

M	0				-		-
-		Reg.	Dist.	No.	2	0	

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Hagerstown. Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life	State Maryland county Washington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. Hotel Patterson, 100 N. Pot. St. (If rural, give LOCATION)		
Washington County Hospital			
How long in hospital or institution?	2.(a) It veteran, name war.		
William U. Roulette	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Widower	MEDICAL CERTIFICATION		
111440	20. DATE OF DEATH 2140		
5.(b) Name of husband or wite Elizabeth Roulette 6.(c) If alive, give age	21. I CERTIFY that death opcurred on the date above stated; that attended deceased from the state of the stat		
7. Birth date of deceased (mo., day, yr.) January 27, 1878			
8. AGE: Years Months Days 14 If less than one day	Immediair ruse of death Duration General General Je Louis		
68 0 11 12hrs.	min.		
8. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state)	Oue to		
10. Usual occupation Retired Manufacturer	Oue to.		
11, tedustry or business			
≝ 12. Name Joseph C. Roulette	Other conditions		
13. Birthplace Hagerstown, Maryland	(Include pregnancy within 3 months of death)		
14. Maiden name Lavinia K. Updegraff 15. Sirthplace Hagerstown, Maryland 16. Informant George Updegraff	(Include pregnancy within 3 months of death) Major fiedings of operations.		
15. Birthplace Hagerstown, Maryland	Date of op		
16. Informant George Updegraff	Autopsy results		
Address Hagerstown, Maryland Burial Date thereof 1-17-47	22. VIOLENCE: If death was due to external causes, till in the following:		
(Burial, cremation, or removat, Which?) Cemetery or crematory Rose Hill Cemetery	Accident, suicide, or homicide		
Location Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director. C. M. Suter & Sons	Means of Injury		
Address Hagerstown, Maryland	Ka Soul		
18 Jan. 16 647 Brasff Bower	23. SIGNATURE M. D. M. D. M. D. Delo circuit 1/16/47		

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CERT		ATE	OF	DE	TI
CERI	Irica	A I P.	UF	Dr. A	

CERTIFICAT	TE OF DEATH Rog. Dist. No. 13 0 5
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
Demale White married 6.(6) Name of husband or wite. Clarke M. Routzahn	2D. DATE DF DEATH
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min.	and that I last saw h
9. Birthplace NA: Rena Urash: Co. Md. (Town, county, and state)	Due of Peretral Cifford Solerais / ye
11. Industry or business 12. Name Rease 13. 8irthplace Mt. Lena (Lease. Co. Md.	Seferación 240 Diher conditions
14. Maiden name Clisa Daulders 15. Birthplace Not. Leva Wash. Cs. Nod. 16. Informant Clude M. Routzah.	(Include pregnancy within 3 months of death) Major findings of operations
Address Bornsha md - R.2. 17. Burial (Burlal, cremation, or removal, Which?) Bate thereof (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Cometery or crematory Clause of the Grethama Canada, Location Decause Creek trad.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meane of injury injured at work?
18. Funeral director. Address Doorsbro 19. Data Day Registrar Registrar	23. SIGNATURE M. D. or other M. D. or other Address San The County Date signed Manual Land

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

r. Kendeller

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 848 W Washington St. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Abram Clinton Ruth	705-10-5383
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH January 27 1947 at 1: 30P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that nattended deceased from
7. Birth date of	and that t last saw beautiful on
deceased (mo., day, yr.) September 10, 1876	Immediate cause of death
8. AGE: Years Months Days If less than one day	- A
70 4 17	Vaccular Nyperensiny 10 yr
9. Birthplace Laugansville Washington Co. M. (Town, county, and state)	Due to Proctatic My pertrophy
1D. Usuat occupation Railway Conductor	Due Chr. interstitual nepolenties 8 yr
11. Industry or business Western Laryland	brenia 3da
E 12. Name B. Franklin Ruth 13. Birthplace Maugansville Id.	Dither conditions
₹ 13. Birthplace Maugansville 1d.	(include pregnancy within 8 months of death)
E 14. Malden name Fianna Hunsberger	Major findings of operations
15. Birthplace Ephrata Pa	Date of op.
16. Informant rs Irene Ruth	Aotopsy results
Address Hagerstown Md.	PHYStCIAN: Please underline the caose to which death should be charged statistically.
11. Burial Date thereof 1/29/47 (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was due) external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Rest Haven Cemetery	Where did injury occur?
Location Hagerstown 1d.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Andrew K. Coffnan	Means of Injury Injured at work?
Addigs Hagerstown Ld.	A Notest Wells WI
19 Jan 28. 1947 Blastifoevers Registrar	Address Mage to Level Date signed 1. 128. 154.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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E PLAINLY, WITH UNFADING INK. Supply every item of informatic is especially important. Physicians: please write the causes of death	
WRITE PLAINLY, WITH UNFADING INK. Supply every item of informatic is especially important. Physicians: please write the causes of death	

PLEASE

(Date rec'd by registrar)

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correct age

	Reg. Dist. No. , ser		
1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Rural - Sharps burg. Md (If outside city or town limits, write KURAL and give nearest town)	State Maryland County Wash.		
How long In above place of death?	City or town Rural-Sharpsburg (If outside city or town limits, write RURAL and give nearest town) Street No		
How long in hospital or institution?	2.(a) If veteran, name warWar 1 with England		
3.(a) FULL NAME John Thomas Sadler	3. (b) Social Security Number 220-16-3733		
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH		
B.(b) Name of husband or wife Ruth (Breeze) Sadler B.(c) If allive, give age			
8. AGE: Years Months Days It less than one day 57 2 15hrsmin.	Carcionia of Magallary Denlo. 102		
9. Birthplace Kidderminster-Worcerster-England (Town, county, and state) 1D. Usual occupation Stock room clerk	Due to		
11. Industry or business Victor Products-Hagerstown, Md	P4C (0		
12. Name John T. Sadler 13. Birthplace England	Dither conditions		
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations.		
16. Informant Mrs. Ruth Sadler	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Harpers Ferry R. F. D.#1 17. Burial United State (Month) (Cap) (Year) (Burlal, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Oate thereof Jan 15, 1947 (Burlal, cremation, or removal, Which?) Cemetery or crematory Mt. View	Where did injury occur?		
Location Shappsburg, Md	Injured at home, tarm, Industry, public place (where?)		
18. Funeral director R. I. Earnshaw	Means of Injury Injured at work?		
Address Keedysville, Md	OR CLANATURE A William M. W-		

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FEB 26 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

narlea St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

a ge	2411 N. Charle	a St., Baltimore
ect 8	CERTIFICAT	E OF DEATH
carefully: If he correct arly alother by N.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (For newborn infants) Stata (If outside e
	How long in hospitat or institution?	2.(a) If vateran, name war
OR BINDING every item of informative the causes of death cl	3. (a) FULL NAME 4. Sax 5. Color on race 6. (a) Single, married, widowed, or divorced Male white Simple	2D. DATE OF DEATH
Supply ever	7. Birth date of dacassad (mo., day, yr.) NOV. 2, 1946 8. AGE: Years Months Days If tass than one day 2 15	and that I last saw h. Man. a Immediate cause of death
ARGIN RESER 	8. Birthplace. (1.3.) ex 9 to 2 3 1 Moto y 3	Due to
Y, WIT UX	14. Maldan namo Arbeitus F. Sweeney 15. Birthplaca Keedysville Md. 16. Intermant Seonge W. Sheffel	(Include pre Major findings of operations. Autopsy results
WRITE PLAINLY, is especially	Addrass 17. Burial, cremation, or removal. Which?) Cemetery or crematory Location M. A. C. L.	22. VIOLENCE: If death was Accident, sutcide, or homicide. Where did injury occur? Injured at home, farm, industry Maans of injury
VS A15 PLEASE	18. Funarat director Addrass Vi addetou Md 19. Augustus Date rec'd by registrar) Reportar	23. SIGNATURE

Stata Md Count	, w. shington
City or town (1f outside eity or town limits,	write RURAL and give nearest town)
Straat No. (If rural, give L	
2.(a) tf vateran, name war	
	3. (b) Social Security Number
++20 Jr.	
MEDICAL CE	RTIFICATION
20. DATE OF DEATH.	8 1847 at 3 10 Am
21. I CERTIFY that death occurred on the data above	
Immediate cause of death	DURATION
Bronchiel Pm	enoine 3 days
Due to	
Dua to	
Other conditions	Б,
(Include pregnancy within 3 mo	onths of death)
Major findings of operations	
	Date ot op
Autopsy results	ch death should be charged statistically.
22. VIOLENCE: If death was due to external cause	es, fill in the following:
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (Stste)
Injured at home, farm, Industry, public place (whe	re?)
Maans of Injury	tnjured at work?
23. SIGNATURE 24sup	M. D. or other Moderate signed 1-18-47

ellive board loved Mart Heed outle Liettand Just way 1000 stymic still stell SHP1 . S. VON Long to the light of the light - 194 JAN 21 1941 BUREAUN Tourist fiville, Mid 19-1947 Litter and Consisted 1 bM whatlabill · collinbert . b.M. Mudolle 199

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of informa, carefully. The correct a is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

1. PLACE					2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
County Washington		(For newborn infants give residence of					
City or town (If outside city or town limits, write RURAL and give nearest town)		State Maryland Co					
How long to sh	nua niore of d	anth? I	ife		City or town Hagerstown	write RIIRAL and give	nearest town)
Hospital, Instit	ution, or stre	et address where	death occurred:		Streel No. 729 Salem Av	7e •	nestess town,
729	Sale	m Ave.		***************************************	(If rural, give	e LOCATION)	
How long In he	ospital or Ins	titution?	****************	***************************************	2.(a) It veteran, name war	140 ************************************	
3. (a) FULI	NAME					3. (b) Social Securi	ity Number
		Max G	eogge	Sibert		None	
4. Sex	5.	Color or race	8.(a)Single	, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male		White		Married	20, DATE DF DEATH Jan 27, 1		:Op A.
				Sibert	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended d	eceased from
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		B. (c)) It alive, give ageye	1-1-46 18		/ /
7. Birth date o	t n. dsv. vr.)	May 5	28, 18	90			
8. AGE:	Years	Months	Days	If iess than one day	Immediate cause of death	***************************************	DURATION
	56	7	30	hrs	in. C 1-684		1101
	0 -	£ 1	27 - 7- :		in. Carelouf House		
9. Birthplace.	uear	I.OSS (Town,	county, and st	gtonCo. I'd.	Due to		
th lisual occ	unation R	etired	R.R.	Conductor			
tt. Industry of					Due to	.,,	
		Lewis I	T. Sib	ert		***************************************	
12. Name Lewis E. Sibert 13. Birthplace Maryland			Dther conditions	*******************************	*****		
			(Include pregnancy within 8	months of death)			
t4. Malde	n name			<u>55</u>	Major findings of operations		
15. Birthp	lace	Mar	yland		_		
t6, informant.	Mrs.	Nax.	3. Sib	ert.	Antopsy results	·••••••••	
Addrage	729 S	alem Ar	ve. Ha	gerstown, Md.	PHYSICIAN: Please underline the cause to w	hich death should be charg	red statistically.
					an INOLENCE, it don't was due to external ser	uses, till in the following:	
t7(Burial, cr	emation, or	removal. Which?	Date there	Jan. 29, 19 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or	crematory	Rose	Hill	Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	Hag	erstown	ı, Mar	yland.	Injured at home, tarm, Industry, public place (w	here?)	
t8 Funeral director Fred W. Kraiss			Means of Injury	Injured at work?			
Addressy	Hag	erstown	ı, Mar	yland.	911/1	2/15	
(Ls.	40 7 6	7 117	1 69	es of the Rework	23. SIGNATURE	M.	D. or other
Date rec	d by registr	ar)	4	Registr	ar Address Vesusta	Date sign	127/5



1 PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 HOHAL DECIDENCE (LECTACE) OF DECEASED.

CERTIFICATE OF DEATH

Reg. Diat. No. 3020

1. I LACE OF DEATH.	(For newhorn infants give residence of mother)
County LITALY STORY	The state of the s
City or town. (If outside city or town limits, write RURAL and give pearest town)	State 1. County County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Fourelide average floit?	Street No.
in the second second	of rural, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Elwhole Jon	118-12-7221
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION About
had like had	
male while Married	2D. DATE OF DEATH. 19 et 2 P M
G.(b) Name of husband or wife Augella, Syrvith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1919
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) De & Oarelin, 21 - 1894	
8. AGE: Years Months Days If less than one day	Acute coronary occlusion DURATION
52 1 10hrsmin.	
9. Birthplace (100) (Town, county, and state)	Due to
1/5: 1-1 01	
10. Usual occupation	Due to
11. Industry or business Darchald Current Confr.	
E 12. Name Storage Synth	Other conditions
13. Birthplace Roberts Dr. Wash. Co. md.	Other countrions
	(Include regnancy within 3 months of death)
E 14. Malden name CNUVIA DIGUEL	Major findings of operations.
14. Malden name Communa Digler 15. Birthplace New Muddletown Dred. Co. Mrd.	
37.11 ~ (* .00	Date of op.
16. Informant Divis State Com Six No.	Autopsy results
Address Readysville Md. K.1.	
13 1347 Jel 3. 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Library Drive Clenty	Where did Injury occur?
1 1 01	
Location Attual Dutue Tind	Injured at home, farm, industry, public place (where?)
18. Funeral director Wy J. Bast & Sorges	Means of injury Injured at work?
0 1 50.1	I WILL TO DEPUTY MEDICAL DUM.
Address DOOTLO (1743)	23. SIGNATURE PROPERTY MELLO WASH, CO., MD.
10 feb. 1. 1047 Blast Beart Bours	M. D. anather
19. (Date rec'd by registrar) Registrar	Address Date signed

La Part Land during the Addit I'm may be shown The House blokes - 214 the Elmin Smith A13-12-7221 margarite states short PPRI IS audinous Car her budge the west Period Mult chase FEB 4 1947 BUREAUTE 1-50 Fired Since Printy beer south toward was Phall CASH The malerosof

MARYLAND STATE DEPARTMENT OF HEALTH AND 2411 N. Charles St., Baltimore 55

2411	N.	Charles	St.,	Baltimore	

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CERTIFICATE OF DEATH

-	Reg.	Dist.	No. 305
	week.	Dist.	. 10

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Washington	(For newborn infants give residence of mother)
City or town	State Maryland County Washington
	City or town Lappans - Kural
How long in above place of death?	City or town
	Street No. Strongling Md. R.
19 on alone Md. R.	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dan Edan Su	vitle / 216-14-6588
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH
B.(b) Name of husband or wife Mrs. mary Smith	21. I CERTIFY that death opcurred on the date above stated: that I attended processed from
B.(o) Name of nusband or wife	19 19 19
7. Birth date of	and that I last/saw h / Cobbeative on fluid 7
deceased (mo., day, yr.) Quant - 28~ 1900	
8. AGE: Years Months Days If less than one day	1/2/ -1// 2/ 2/ 1/2
46 H 13min.	Tup o wetertases
9. Birthplace Tilghmante Wash, Co. nd. (Town, county, and state)	Due to
10. Usual occupation. Truck O truck	Oue to
11. Industry or business Wash. Co. Road Dept.	
Elias Smith	Other conditions
₹ 13. 8irthplace Telahimenton Urach. Co. md	
	(Include pregnancy within 3 months of death)
E 14. Malden name	Major findings of operations
14. Maiden name faura Potterfield 15. Birthplace Zilyhmanton Wash. Co. md.	Date of op.
18. Informant Mas. Mary Smith	Antonsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date fhereof. Attendary 15-1947. (month) (day) (year)	Accident, suicide, or homicide
7 ~ ~ 1	
Cemetery or crematory. The Laure Cemetery	Where did injury occur?
Location Williamskut md	Injured at home, farm, Industry, public place (where?)
PITM 2 CA-+ OLS-	Means of Injury / Lajured at work?
18. Funeral director San	The De Vers
Address Boonstrio mat.	23. SIGNATURE CONTRACTOR OF THE STATE OF THE
19 Carrier 13 19 47 June 14. Past	Address J. C. L. Port M. D. or other 7



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Dr. Woode

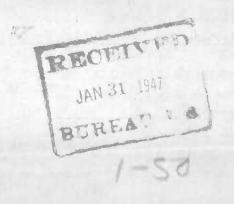
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

00956 Reg. Diat. No. 3050

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	A CONTRACTOR OF THE CONTRACTOR
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Manyland County Washington
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death? 22 years '	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. n. main St.
n. Main St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
5 . 0 + 1	
John Luches J.	neway
4. Sex 5. Color or rate 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mass White Widowed	20. DATE OF DEATH \$ 5450 M
6.(b) Name of husband or wife Cora Cost Snively	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
	23" 19.47
7. Sirth date of deceased (mo., day, yr.) Clarul - 9 - 1863	and that I last saw h Incom allive on
	Immediate cause of death
8. AGE: Years Month Days It less than one day	Granica Vaccing; 15 days
83 9 16min.	not chronic nephritie.
9. Birthplace aleles Mills Wash. Co. md.	Due to Chronic my scanditio. Cargo
(Town, county, and state)	10 10 11 11 11
10. Usual occupation Express Messenger	Muration Stated
N+11	Oue to
11. Industry or business	
12. Name Washington Shindy	Other conditions
13. Birthplace Ealeles mills Wash, Co. md.	
14. Malden name. Elizabeth Staules 15. Girthplace Kradioville Urasle. Co. md	(Incinde pregnancy within 3 months of death)
5 W 1 St 11 O W 1	Major findings ol operations
= 15. Birthplace Keedspuille Wash. Co. md	Date of op.
18. Informant (andel W. Snively	Antopsy results.
Address Keedesville Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
9 = 0. V	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Burlai, cremation, or removal, Which?) Date thereof (mornt), (day) (year)	Accident, suicide, or homicide
O h the	
Cemetery or crematory	Where did injury occur?
Location Boonsbuo Md.	Injured at home, farm, Industry, public place (where?)
PITM > B + OLS	Means of injury Injured at work?
18. Funeral director	
Address Donstono Ma.	23. SIGNATURE ATLACTOR In A
10 tam, 27. 10 47 John N. Bast	M. D. or other
(Date rec'd by registrar)	Address / Daars loss, md Oate signed //27/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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02.	Diat.	No.	0			<u></u>

CERTIFICATE OF DEATH

City or town(I	ashington llear Sprif foutside eity or town li nce of death? lif	mits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Clear Spring Ada (If outside city or town limita, write RURAL and give nearest town)			
Hospital, institution,	or street address where	death occurred:	Street No. 3.5 Cum kerland St.			
***************************************	or institution?		2.(a) tt veteran, name war			
3. (a) FULL NA	ME	ornelius K. Snyder	3. (b) Social Securit	y Number		
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 22, 19.4	10%		
6.(6) Name of husba	nd or wite Bess	ie G. Snyder 6.(c) Halive, give age years	21. I CERTIFY that death occurred on the date above stated; that J attended de	ceased from		
deceased (mo., da	1. YI.) HUGUS	+ 28,1899	Immedia: cause at death	DURATION		
0. 7.02.	ars Months	Days it less than one day 25	ACUTE. SEVERE	4 minute		
10. Usual occupation	Funeral	eounty, and state) Director	Dua te			
12. Name	Cler Spr	Snyder ing, Md.		****		
14. Maiden nam	Elsie Washingt	Kratz on County, Md. ie G. Snyder	(Include pregnancy within 3 months of death) Major fiediogs of operations			
16. Informant	lrs. Bess		Autopsy resolts	ed statistically.		
17. Buri	al on, or removal. Which?	Date thereotJan. 25, 1947 (month) (day) (year)				
		Hill Cemetery				
,	Adrian	ng. Md. H. Rowland	Injured at home, tarm, industry, public place (where?) Means of injury tnjured at work?	—		
Address	Hagerst	Septendinia	23. SIGNATUR Clickie Pobest Vle M. I Address. Clicy Oping Md Date signe	0.00000 d 1-24-47		

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ADING INK. Supply every item of informa Physicians: please write the causes of death

PLEASE WRITE

. The correct age legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Diat. No ...

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How long in above place Hospital, institution, of Wasi	outside city or town li	3 mol	stown URAL and give nearest town) 1ths Hospital	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of the state of th	Jash. , write RURAL and give ne Derry St. LOCATION)	
3. (a) FULL NAM		l Samı	iel Snyder, Jr	•	3. (b) Social Security	Number
male male	5. Color or race White		e. married, widowed, or divorced	MEDICAL CE	18, 1947	,at 8:07p
7. Birth date ot deceased (mo., day	, yr.)	ber :	c) It alive, give ageyears L2, 1946	Immediais cause of death	46 to 1-18	19. 47. 19. 47.
8. AGE: Yea	3	Days 6	hrsmin.	Bon oh o prue	un oraș	1 day
10. Usual occupation 11. Industry or busine 12. Name	onald S. S Hagersto Catherine Hagersto	Snyde: own, le Mar wn, Mo S. Si	ie Ketzel 1. nyder, Sr.	Due to Dither conditions	months of death) Date of op hich death should be charged	0 = 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +
Location	Scott F Hagerste	erstown, l	11.1	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	(County) here?)	(State)



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OPPOPULATE OF BEATH

			CERTIFICA	IE OF	DEATH		Reg. Dist	t. No. 30	
City or townHag (177) How long in above place Hospital, institution, or Washingt	ngton erstown of death? 3 street address where on Count Institution? 3	Md Imits, write Ridays death occurred y Hosj	URAL und give nearest town)	State		sport	Md. Mashi	nd givn nearest to	own)
		0.00					None	Decurity Ivams	CI
4. Sex	Lee Snyd	8.(a)Single	, married, widowed, or divorced	11	MEI	DICAT C	RTIFICATI	ON	
Female	White	Dive	orced	20. DATE 0	F DEATH	1 , 1	1 _	19 ot de	2:308
	n.) Nov. 8		O.V.O	and that I	IFY that death occurred	on	// (10 // // // // // // // // // // // // //	//47	19
72	<u> </u>	24	hrs min.			felankiskaskasberb			
11. Industry or busines	Housewi Home	fe		Oue to					
12. Name. Christian S. Snyder 13. Birthplace Williamsport, Md. 14. Malden name. Susan Conner 15. Birthplace Williamsport, Md. 16. Informant. Herman K Snyder					(Include pregna	incy within 3 r			
15. Birthplace	MITITAMS	port,	MQ.	-	• • • • • • • • • • • • • • • • • • • •		Date of	op	
Address Williamsport, Md. Burial Date thereof (month) (day) (year) Cemetery or crematory Riverview Cemetery.					esults N: Please underline to ENCE: If death was due suicide, or homicide Injury occur?	to external cau	ses, fill in the follow	e charged statistiving:	
tocation Williamsport, Md.				12	home, farm, Industry,				
18. Funeral director. Edith V Leaf Address #7 Church St. Williamsport, Md.				Moens of le	ANI	2/	tnjured at	1.00	
19. Jan. 2, 1847 Chaseff Bowers, (Date ree'd by registrar) Registrar				//	all all	sport	Mud o	M.D. oyothe	10/10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15



VS A15

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00960

CE	ERTIFICATE OF DEATH Reg. Dist. No. 3023
1. PLACE OF DEATH: County	(If outside city or town limits, write RURAL and give nearest town) Street No. Hageistown Md Route (If rural, give LOCATION) 2.(a) If reteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widow Male White Widower	MEDICAL CERTIFICATION 20. DATE DE DEATH 20. DATE DE DE DEATH 20. DATE DE DE DEATH 20. DATE DE DE DE DEATH 20. DATE DE DE DE DEATH 20. DATE DE
8.(b) Name of husband or wife Minerva Stottle 7. Birth date of deceased (mo., day.yr.) March 4, 1877 8. AGE: Years Months Days If less than 69 10 5	and that I last saw has a lalive on 1976. Immediate cause of death of the control of the contro

JANIA 1947 BUREAU & S

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 362 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Washington Maryland County Washington Havers own (If outside city or town limits, write RURAL and give nearest town) HEGERS OWII (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 Years Hospital, Institution, or street address where death occurred: 608 N. Mulberry St. 608 N. Mulberry St. (tf rurai, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Ida Bertille Stonffer None 5 Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Female White Widowed 20 DATE DE DEATH Jan. 4, 1947. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-4 6.(b) Name of husband or wife Charles M. Stouffer 7 Right date of July 7, 1873 deceased (mo., day, yr.) If less than one day 8. AGE: Years 9. Birthplace Washington Co. Md. (Town, county, and state) Home Duties 1D. Usual occupation.... 11. industry or business 12 Name Henry W. Sickler Washington Co. Md. (Include pregnancy within 3 months of deeth) 14. Maiden name Catherine Gaberel Major findings of operations..... Washington Co. Md. 16 Informant Edward R. Stouffer PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 610 N. Mulberry St. Hagerstown 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Jans 7, 1947 (month) (day) (year) 17. Burial (Burial, cremation, or removal. Which?)

PLAINLY is especial WRITE

SE

Hagerstown. Md.

Cemetery or crematory Broadfording Cemetery

18. Funeral director Fred W. Kraiss

Near Cearfoss, Md.

Meens of Injury

Injured at home, farm, Industry, public place (where?)

Where did injury occur?(City or town)

M. D. or other

Date signed

(County)

Injured at work?



informa of death

ADING INK. Supply every item of Physicians: please write the causes

PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 302

2 (b) Sarial Samuela Number

CDT	1 6 1	CAT	TO	CDE	ATL
CLRI	ILI	CAI	LU	F DE	$\mathbf{A} \mathbf{I} \mathbf{\Pi}$

23. SIGNATURE

2. USUA (For	L RESIDENCE (HOME) OF DECEASED: newborn infants give residence of mother)
State Lie	aryland county Washington
City or town	(If outside city or town limits, write RURAL and give nearest town)
Street No	160% Virginia Ave.
	(If rural, give LOCATION)
2.(a) If yet	eran, name war None

MEDICAL CERTIFICATION

3. (a)	FU	LL	NAME	
------	----	----	----	------	--

County Washington

How long in hospital or Institution?.....

How long in above place of death? 10 Days Hospital, institution, or street address where death occurred:

JAMES MUNROE SWORD Jr.

Washington County Hospita

(If outside city or town limits, write RURAL and give nearest town)

1 6.(a) Single, married, widowed, or divorced

3. (0) Social Security Number
215-09-7392

4. 90x	0, 00:01 0: 10	w.(, v.ing	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Male	White	Lar	ried				
6,(b) Name of husband or wife ERRS J. Sword							
		6.(0) If alive, give age				
T. Birth dats of	A - 4 - 1						
deceased (mo., day, ye	, UCTOD	er ou	, 1879				
		Days	It less than one day				
8. AGE: Years	Months	nays	It less than one day				
67	2	7	hrs. — min.				
0,	2	*	mtn.				
			hing ton Co. 1d				
1D. Usual occupation	Leather	Spli	tter				
11. Industry or business							
12. Name Jal	nes lanro	e Swo	rd				
13. Birthplace	<i>illiams</i> p	ort 1	d.				
14. Maiden name	Lary E.	loCla	in				
15. Birthplace	Williams	port	ld/				
16. Informant	16. Informant rs. Funa Sword						
Address Has	Address Hagerstown Ld.						
Burial Date thereof 1/9/47 (Burial, cremation, or removal, Which?)							
Cemetery or crematory River View Cenetery							
Location Williamsport Md.							
18. Funeral director Andrew K. Coffnan							
Address Ha	rerstown	lid.	1 110 1				
19 Carr, 9	19.47	lake	seffi Jowers, Registrar				

21. I CERTIFY that death occurred on the date above state	d; that Lattended da	ceased from
19	, to	18.4.
and that I last saw h. f. com. alive oa	382 6	19.4.
Immediate cause of death	<u></u>	DURATION
Immediate cause of death	Ader C	
probable more to be so	70-	6non
Due to Land & Time		

Due to		••••
Other conditions Standard Standard (Include Jeggnafey within 3 months	of death)	620
Major fiadiags of operations.		***************************************
	Date of op	
Autopsy results	ath should be charge	d statistically.
22. VIOLENCE: If death was due to external causes, fill	In the following;	
Accident, suicide, or homicide	Date of	
Whers did Injury occur?(City or town)		
Injured at home, farm, Industry, public ptace (where?)		
Maans of injury	injured at work?	



ADING INK. Supply every item of informathy Physicians: please write the causes of death 5.

PLEASE WRITE PLAINLY, WITH UNFI

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		00	3	63	2
米	Reg.	Diat.	No.	303	9

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washington	State laryland cousty Tashington		
(If outside eity or town limits, write RURAL and give nearest town)			
How long in above place of death? 3 Days	City or town		
Mospital, Institution, or street address where death occurred: Washington County Hospital	Street No. 427 Ridge Ave (If rural, give LOCATION)		
How long in hospital or institution? 3 Days	2.(a) If veteran, name war		
3. (a) FULL NAME	3, (b) Social Security Number		
	None		
Paula Jean Toms 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female white Single	20. DATE OF DEATH January 5 1947 19 21 5 A		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2, 1947, 10 January 5, 10 47		
7. Birth dats of Tallive, give age years	and that I last saw h. er alive on January 5, 1947 19		
deceased (mo., dsy, yr.) January 2 1947 8. AGE: Years Months Days If less than one day	Immediate cause of deathPromaturity		
3hrsmin.	(23 mo 4 Materm)		
9. Birthplace Hagerstown Wash Co. Md. (Town, county, and state)	Due to		
Infant			
TU. USUAT OCCUPATION	Due to		
11. Industry or business 12. Name Bernard Toms	Diher conditions.		
12. Name Bernard Toms 13. Birthplace Garfield Md.			
	(Include pregnancy within 3 months of death)		
14. Maiden name Marylin Kennedy 15. Birthplace Cumberland Md.	Major findings of operations.		
16. Informant Bernard Toms	Date of op.		
	Autopsy results		
Address Hagerstown Md.	22. VIOLENCE: tf death was due to external causes, fill in the following;		
Burial Date thereof 1/6/47 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory. Rest Haven Cemetery	Where did Injury occur?		
Location Hagerstown Md.	tnjured at home, farm, Industry, public place (where?)		
Andrew K. Coffwan	Msans of Injury tojured at work?		
18. Funeral director Andrew K. Coffnan	RA.CO		
Address Hagerstown Md.	23. SIGNATURE M. D. or other		
19. Jan. 6. 19 47 Shaffffowers Registrar	Address Hay confirm Land Date signed 1-6-47.		



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2411 N. Charles St., Baltimore 186-0

CEDTIFICATE OF DEATH

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Reg	Dist.	No.	 3

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYL-RND County NBHING TON City or town Industry or town limits, write RURAL and give neafest town) Street No. 2207 VIRGINIA AVE. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME / DA ELLNORA 7	RONE (2/2-14-6329
4. Se1 5. Color or race 6.(a) Single, married, widowed, or divorced FEMALE WHITE SINGLE	MEDICAL CERTIFICATION 20. DATE DF DEATH. 27 19 4 7 21 2 30 P.
8.(b) Name of husband or wite T. Birth date of deceased (mo., day, yr.) FEBRUARY 21, 1864 8. AGE: Years Months Days If tess than one day 6 hrs. min. 9. Birthplace POXBURY WASHINGTON MD. (Town, county, and state) 10. Usuat occupation SALES LADY 11. Industry or business DEPT. STORE	21. I CERTIFY that yeath occurred on the date shows stated; that I attended deceased from 19. 19. 19. 19. 19. 19. Immediate same h. E.L. alive on
13. Birthplace GERMANY 14. Maiden name. SUSAN HISE 15. Birthplace LANCASTER, PA. Notinformant Miss Claral James Trong Sister Address 2207 Vergueba and Fagustiew Mal	(Include pregnancy within 3 months of death) Major findings of operations
Date thereof James 30 1947 (Burial, cremation, or removal, Which?) Cemetery or occumators Location Just Show Just Location	22. VIOLENCE: If death was due to esternal causes, fill in the following: Accident, suicide, or homicide. Accident. Date of January. 312, 1947. Where did injury occur?
18. Funeral director Coolford J. Norwell Address Hagerslown Md. 19. faw, 28. 19. 47. blooth Bowers Plate rec'd by registrar) Registrar	23. SIGNATURE Address Tuliants for the signed of the signe

FEB 1 1947
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ag	e	is	s	hown	on	
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change of MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore CERTIFICATE OF DEATH

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Reg.	Diat.	No.	3	0	2

					Reg. Dist. No		
1. PLACE OF DE	ATH: Washin	aton		2. USUAL RESIDENCE (HOME) O	F DECEASED:		
1. PLACE OF DEATH: Washington County				(For newborn infente give residence of mother)			
Security				State Mary Land	state Maryland County Washington		
(If e	outside city or town l	imits, write	RURAL and give nearest town)	Security			
How love In shows place	of dooth?	20	minutes	City or town	write RUPAL and give y	has rast town)	
How long in above place	ctroat address where	death occurre	d.	(11 odeside city of cowii issue	a, write Atolical and give in	ionient cowin,	
Hospital, Institution, or	th Americ	an Ce	ement Co.	Street No.			
				World W	LOCATION)		
How long in hospital or	r Institution?			2.(a) If veteran, name war.	ar. Tr		
3. (a) FULL NAMI	E				3. (b) Social Securit	v Number	
	Rile	y 0.	Williams		219-12-129		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
Male	White	1	Married				
Male	Mulice	11.	arried	20. DATE OF DEATH. January	3 47	7:20a	
	. rauli	ne I.	Williams	21. I CERTIFY that death occurred on the date ab		***	
6.(b) Name of husband	or wite		23	19.			
		6.	(c) If alive, give ageyears				
7. Birth date of	octo	her	14, 1925	aed that f last saw halive on		19	
deceased (mo., day,)	11.7			Immedicia cause of death		DURATION	
8. AGE: Years	Months	Days	If less than one day	Immedicie cause of death	right		
22 2 19 hrsmin,						1000	
- 0		1					
9. Birthplace	ecurity	wash.	Md.	Due to Open fracture	of skull		
3. Birthplace	(Town,	county, and	etate)	Hemorrhage and			
	Griffin	mill	er	Transa and	OHUGA		
1D. Usual occupation	Manth Am		n Cement Co.	Due to			
11. Industry or busines	\$		al comolic co.				
質 12. Name	chard S.	M 1 1 1	lams	Dther conditions		1	
	Security	-	Md.				
Li 13. Birthplace				(Include pregnancy within 3	months of death)	****	
14. Malden name.	Merle F	. Go	Llove				
EO	landonarri	110	W. Va.	Major findings of operationsNone			
🗷 15. Birthplace	ardensvi	776	11. V&.		Date of op		
14. Malden name. 15. Birthplace	Richard	S. V	Villiams	Autopsy results None			
C1				PHYSICIAN: Please underline the cause to w	hich death should be charge	d statistically.	
Manics2	curity	Md.				11	
Burial			land 1049	22. VIOLENCE: If death was due to external car		12/117	
Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)			reof. Som G	Accident, suicide, or homicide,	deat Date of	14/7	
Rose Hill Cemetery			omotonir (day) (year)	Where did injury occur?	1 Worked	md.	
Cemetery or crematory 11086 11111 Cente Cerry			Jeme der A	where did injury occur?	(Con ty)	(State 1)	
Location Hagerstown Md.			Id.	Injured at home, farm, Industry, public place (w	there?)	ch Caspai	
				Means of injuface the less he	IL injured at work?	450	
18. Funeral director.	cott F.	Minni	ch & Son	MEANS OF HIM	Injuied at work?	1	
Hos	gerstown	Md.		((N) 1) X 10	-00 DIPHTY W	DICAL EYAM	
Address	OT DOMII	212(4.0	0-1-1	My Macio No	1000	DIONE CAAM,	
//	~ .10	1 19	had that hough &	23. SIGNATURE	WIRE THE	(0)D,	
19. 4000	12 , 194/	101	ay asourers,	V/ +	hal	112/112	
(Date rec'd by registrar) Registrar			Registrar	Address	Date signer	d	

JAN 7 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00966

			CERTIFICA	TE OF DEATH	Reg. Diat. No. 362
How long in above place Hospital, institution, of Washing How long in hospital of	Hagers outside city or town e of death? street address where ton Coun r institution?	town limits, write F 4(death occurred y Hos	CURAL and give nearest town) years pital	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of State Hagers town Hagers town imite 300 Vine St. (If outside city or town imite 300 Vine St. (If rural, give 2.(a) If veteran, name war.	mother) Washington s, write RURAL and give nearest town) LOCATION)
3. (a) FULL NAM	E	Cora	L. Wilson		3. (b) Social Security Number
4. Sex Female	%hite	W	e, married, widowed, or divorced Ldowed Vilson	20. DATE OF DEATH January	ERTIFICATION 3 19 47 10:30p
6.(6) Name of husband 7. Birth date of deceased (mo., day,	Fohn	6.(c) If alive, give ageyear	21. I CERTIFY that death occurred on the date abo	47, 10 dan 3 19 47 m 3, 19 47 19
8. AGE: Year 6 0	1 10	Days 18	If less than one dayhrs,min	Peniterliti	2 dap
Birthplace Usual occupation. Industry or business	Non	e e	Va.	Oue to	gastmiculcer 6 mos
12. Name Unknown 13. Birthplace Unkown 14. Maiden name Unknown Unknown Unknown				Other conditions	months of death)
16. Informant Hagerstown Md.				Antopsy results	aich death should he charged statistically.
Burial (Burial, cremation Cemetery or cremate	Hagerst	e Hil	(month) (dsy) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	(County) (State)
Address 19. Oyle rec'd by re	Hagerst		nnich & Son d. Lacht Bowers	Means of Injury 23. SIGNATURE Rolent U.L. Address. 1 7 5 W. Washing	Injured at work? A. Campbell M.D. or other Jon St. Date signed Jan 4. 1. 7.



ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY	State Maryland County Washington
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Lile	City or town
Hospital, institution, or street address where death occurred: 460 Park Place	Street No. 460 Park Place
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number 214 - 09 - 6764
Harry Clifford Wilson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	2D. DATE OF DEATH. 20. 11 19. 47. 31. 5:43
6.(b) Name of husband or wife Mollie Wilson	21. I CERTIFY that death occurred on the date above stated; that Pattended deceased from
	may. 18 1940, 10 Jan. 11 194.
T. Birth date of Pob 5+b 3007	and thaf I last saw halive on
deceased (mo., day, yr.) Feb 5th, 1881 8 AGE: Years Months Days It iess than one day	Immediaie cause of death
8. AGE: Years Months Days It less than one day 65 11 6	
distribution All 8. Commissions William	Cleute cerebral remarkage
9. Birthplace Washington County, Md a (Town, county, and state)	Due to
10. Usual occupation Fairchilds Air Craft Co	
	Due to
11. Industry or business	•
	Dther conditions
3 13. Birthplace Vest Virginia	(Include pregnancy within 3 months of death)
14. Malden name Annie	Major findiags of operations.
14. Malden name Annie 15. Birthplace West Virginia Mrs. Harry C. Wilson	Date of op.
16. Intermantes. Harry C. Wilson	Antopsy results
Address 460 Park Place Hagerstown, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the tollowing:
Burial Date thereof Jana 13, 194 (Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Rose Hill Cemetery	Where did injury occur?
Location Hagerstown, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Fred W. Kraiss	Means of Injury Injured at work?
	71 M 000 1 1 000
Address Hagestwn, Md	23. SIGNATUR Poher + heells M D
19 Jan. 13, 194/ plasefflowers,	Address Nagentine Date signed 111/4"
/ (Date rec'd by registrar) Registrar	Address

JAN 15 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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Reg. Dist. No. 305

1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Washington				
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or street address where death occurred	Street No. n. main St.				
n. maii St.	(If rurai, give LOCATION)				
How long in hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
Georgia Wise	hone				
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Dernele White married	20. DATE DF DEATH				
6,(b) Name of husband or wife Oru, Wise	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
7. Birth date of	19				
deceased (mo., day, yr.) December -28-1864	and that I last saw halive on				
8. AGE: Years Months Days tf less than one day	Immediato cause of death				
82 0 13min.	acute coronary occheron				
9. Birthplace hear Boustos Wash Co. nd. (Town, county, and state)	Due to				
10. Usual occupation.	Due to				
11. Industry or business A Prusa Jonne.					
12. Name Charles Song	Other conditions				
The state of the s	(Include pregnancy within 3 months of death)				
14. Malden name Margaret Knode 15. Birthplace Wash, Co. md.	Mejor findings of operations				
15. Birthplace Wash, Co. md.	Qaie of op.				
18. Informant LUM. Wise	Autopay results				
Address Bonnahaa md.	PHYSfCIAN: Please underline the cause to which death should be charged statistically.				
	22. VIOLENCE: If death was due to external causes, fill in the following;				
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide				
Cemetery or crematory & conclusion Claritary	Where did injury occur?				
Location Bronsling md.	Injured at home, farm, Industry, public place (where?)				
18. Funeral director CDM & Bash 4 Sous	Mesns of Injury Injured at work?				
Address & Othebra md	S. Robert Wells DEFUTY MEDICAL EXAM.				
10 mg 13, 1947 Jol KY. Bax	23. SIGNATURE.				
Date rec's by registrar	Address Hagers lown fred Date signed au. 12/47				



he correct age

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and especially PLAINLY is especial SE WRITE

important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington County Hagerstown City or town (If outside city or town limits, write, RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County Washington Hagerstown
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) 139 E. Baltimore St. (If rure), give LOCATION)
Year land to be saided on Institution? 2 days	2 (g) If veleran, name war.

3. (a)	FULL	NAME							
				777	-	1	3	T	TAT

Edith	L.	Wolfinger
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4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		
Female	White				
6.(b) Name of husband (Marsha Marsha	111 A.	Wolfinger Olf alive, give age years		
7. Birth date of deceased (mo., day, y	, Octobe	er 23,	1887		
8. AGE: Years	Months	Days	If less than one day		
59	3	7	hrsmin.		
Hag	erstown	Wash	Md.		
s. orrespiace	(Town, Hous	eounty and of	ete)		
10. Usual occupation	Own	Home			
El 12 None Ch	arles A. Hagerstov	vn Md.			
14. Malden name	Lula M. Hagersto	own N	id.		
16. Informant	rshall A. gerstown				
Cemetery or cremator	or removal. Which?) Rose H Hagerst	ill C	emetery (month) (day) (year)		
18. Funeral director Address		Minn	ich & Son		
19. Jeb,	/, 19.47	6 h	tasff Boevers Registrar		

	3. (b) Social Security Number
MEDICAL CER	RTIFICATION
	19 47 ,16:25a
21. I CERTIFY that death occurred on the date above	
January 3 19 4	7, to January 30 1847
and that I last saw h. 27 alive on January	30 1847
Immediate cause of death	DURATION
Cerebral Hemour	age 2 days

Due to Typestanere Vascus	las Disease 4 years
Due to	
Other conditions I try pentansing It	East Disease
Dither conditions I typentarisms Is	nths of deeth)
Major findings of operations.	
	Date of op
Actopsy results	h deeth should be cherged statistically.
22. VIOLENCE: If death was due to external cause	s, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)

23. SIGNATURE Dalton M. Welty M. D.

Address 998 Potomac ave, Hazertain Date signed 1-31-47

Injured at work?

Injured at home, farm, Industry, public place (where?)

Means of Injury

FEB 4 1947
R. P. P. A. C. B

Dr. Pole 70.

23. SIGNATURE COMMENT Jordeman

The correct age

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF is especially important.

PLEASE

Address

Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		CERTIFI	CATE OF DEATH Reg. Dist. No3.	J. 23
How long in above place of Hospital, institution, or 818 Con	no ton 2 15 to n utside city or town lim of death? 5 MO street address where de	its, write RURAL and give nearest town	(If outside city or town limits, write RURAL and give near	rest town)
3. (a) FULL NAME			3. (b) Social Security N	lumber
RA	ALPH WOOL		None	
4. Sex	5. Color or race White	6.(a)Single, married, widowed, or divorced harried	MEDICAL CERTIFICATION 20. DATE OF DEATH January 15, 19.47	at 6 P w
6.(b) Name of husband of 7. Birth dale of deceased (mo., dey. yr	Fahan	Lee 	21. I CERTIFY that death occurred on the date above stated: that I attended dacea years and that last saw h	5 19.44.7
8. AGE: Years		Days It less than one day	Cerebral Herontage	4 dans
61 B Sirthplace DS	anville V	17 hrs. Vermilion Co. Ill	1. Due to (Second time)	4 /, 0
10. Usual occupation	Cabinet Retired	Maker	Due to Cerchal Hemonhage	3.7m
13. Birthpiace	Danville Ella.Stew	Ill.	(Include pregnancy within 3 months of death) Major findings of operations.	
16. Informant Mrs	Danville . L.C.Lup gerstown	nert	Antopsy results. PHYSICIAN: Ptease underline the cause to which death should be charsed a	tatistically.
Burial (Burial, cremation,	or removal. Which?)	Date thereot 1/18/47 (month) (day) (yes		
	Rest F		Whera did injury occur? (City or town) (County)	
		da	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	·····
18. Funeral director	Andrew K	. Coffman	means of injury injured at work!	10.0

Address ... Stan

blast Bowers,

VS A15

JAN 21 1947